Employee COVID-19 Work-Relatedness OSHA Evaluation Form

Company Name ("Company"): _____
Employee ("EE"): _____
Date: _____
Company location(s) where EE performed work in last 14 days (the "Workplace"): _____
_____

Preliminary "Work-Relatedness" Questions	**Yes**	**No**	**Not Sure**
(1) Does EE have a confirmed diagnosis of COVID-19?	☐	☐	N/A
(2) If yes, have EE describe how they believe they contracted COVID-19: _____ _____ _____			
(3) Is EE aware of any work or out-of-work activities that may have led to them to contracting COVID-19? If yes, have EE describe: _____ _____ _____	☐	☐	☐
(4) Describe how Company assessed EE's work environment for potential COVID-19 exposure: _____ _____ _____			

Additional "Work-Relatedness" Factors to Consider	**Yes**	**No**	**Not Sure**
(1) Is EE's COVID-19 case one of several confirmed cases among Company's EEs who work closely together?	☐	☐	N/A
(2) Was EE's illness contracted shortly after lengthy, close exposure to a particular customer or coworker who has a confirmed COVID-19 diagnosis?	☐	☐	☐
(3) Did EE's job duties in the Workplace include having frequent, close exposure to the public where there is ongoing community transmission?	☐	☐	☐
(4) Is EE is the only worker with a confirmed COVID-19 diagnosis in the Workplace? If no, how many other confirmed COVID-19 cases have been reported in the Workplace? _____	☐	☐	N/A
(5) Did EE closely and frequently associate with a family member, significant other, or close friend who has COVID-19 outside of work?	☐	☐	☐

Work-Relatedness Determination	**Yes**	**No**	**Not Sure**
Is it more likely than not that EE's exposure in the Workplace played a causal role to EE contracting COVID-19?	☐	☐	☐
If yes, has Company recorded EE's confirmed case as a respiratory illness on Company's OSHA Form 300?	☐	☐	N/A
If yes, has Company reported this confirmed case to OSHA?	☐	☐	N/A

REQUIRED SIGNATURES

EE Manager

Signature: _____ Date: _____
Printed Name: _____
Title: _____

HR Manager

Signature: _____ Date: _____
Printed Name: _____
Title: _____

Company Representative, Director or CEO

Signature: _____ Date: _____
Printed Name: _____
Title: _____