

Staff/Supervisor Worksheet:

Staff Name:	Date:
Staff report Symptoms of potentially contagious illness	
These symptoms include:	
• Fever or chills	
• Cough	
Shortness of breath or difficulty breathing	
Muscle or body aches	
Sore throat	
Congestion or runny nose	
Nausea or vomiting	
Diarrhea	
Symptom start date	Date:
Date of 1 st rapid COVID test (day 1)	Date:
(day 2 is 24 hours from 1 st test, day 3 is 48	Circle one: POSITIVE OR NEGATIVE
hours from 1 st test)	
Date of 2 nd rapid COVID test (day 3)	Date:
(this should be day 3, 48 hours later; For	Circle one: POSITIVE OR NEGATIVE
example: 1 st test May 3 and 2 nd test May 5)	
Date of PCR test	Date (or N/A)
(NOT REQUIRED, enter if chosen by staff. If	Circle one: POSITIVE OR NEGATIVE
chosen no rapid tests are required)	
When 2 rapid tests (or PCR) are negative and	Return to work wearing a mask while any mild
no fever present for 24 hours	symptoms are present
	OR navigate return to work when feeling
	better from a non COVID related illness
Any test is positive	Staff to call the COVID reporting line:
	585.340.2050

Staff report COVID exposure (Quarantine not required)	Date of exposure:
Wear well fitting mask for 10 days post exposure	Date of 10 th day from exposure:
If any symptoms develop	
 Do not report to work Test as described above (use table above to capture testing results) 5 days from the 1st date of exposure Test If negative continue masking through day 10 	