



## Corona Virus 2019 (COVID-19) Monitoring Attestation Form

You have been instructed to Self-Monitor & Report symptoms for a potential COVID-19 exposure or because you already are exhibiting symptoms. Please complete the following information:

EMS Provider Name: \_\_\_\_\_ DOB: \_\_\_\_\_ EMS Provider ID Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor/Manager Name: \_\_\_\_\_

Are you currently working? Yes \_\_\_\_\_ No \_\_\_\_\_

Are currently experiencing symptoms? Yes \_\_\_\_\_ No \_\_\_\_\_

### Monitoring Information (Refer to risk table on page 2)

Place an "X" to the left of **all statement(s) that apply** to your specific monitoring situation.

Please place your initials to the right of all statements you marked and fill in appropriate dates.

I am experiencing symptoms of COVID-like illness such as fever ( $\geq 100.0^{\circ}\text{F}$ ), cough, sore throat, or shortness of breath.

I had a high or medium risk exposure to a EMS patient who is confirmed positive for COVID-19. My exposure began on \_\_\_\_\_ and ended on \_\_\_\_\_. **I will need to complete the Symptom Monitoring form for 14 days** from the last date of potential exposure.

**Patient PCR# if known:** \_\_\_\_\_

I had a high or medium risk exposure to a EMS patient who is a PUI (person under investigation-not confirmed for COVID-19) or is a possible case of COVID (testing not performed) starting on \_\_\_\_\_ and ending on \_\_\_\_\_. **I will need to complete the Symptom Monitoring form for 14 days** from the last date of potential exposure.

**Patient PCR# if known:** \_\_\_\_\_

I had a high or medium risk exposure contact with an individual outside of work who is confirmed positive for COVID-19, is a PUI (person under investigation-not confirmed for COVID-19) or is a possible case of COVID (testing not performed) starting on \_\_\_\_\_ and ending on \_\_\_\_\_. **I will need to complete the Symptom Monitoring form for 14 days** from the last date of potential exposure.

I am not aware that I have been exposed to COVID-19, but am experiencing symptoms.

I traveled to an area at risk (Warning Level 3 - Widespread ongoing transmission as identified by the CDC) for COVID-19.



**Instructions and Attestation:**

**Initial to the left of all statements.**

\_\_\_\_\_ **Unless I travelled to an area at risk, or am currently having symptoms**, I am able to work on-site, but if I develop any of the signs or symptoms of COVID-19 (fever, cough, sore throat, shortness of breath) which could not be attributed to an underlying or previously known condition, I will notify my agencies designated contact, and ask to be removed from shift/schedule immediately. I should continue logging my symptoms on the Symptom Monitoring Form. **If I have travelled to an area at risk, I must remain off work for 14-days starting from the date of return home. So long as I have not developed symptoms, I can return after the 14 days.**

\_\_\_\_\_ I will self-monitor and report symptoms including a temperature check twice daily, once at the beginning of the day or shift and a second time approximately 12 hours after the first check, and complete the Symptom Monitoring Form each time.

\_\_\_\_\_ I will complete the Symptom Monitoring Form for 14 days from the last date of potential exposure or contact with a person with COVID-19 and submit to my leader each day by 9 a.m. or 9 p.m., whichever best correlates with my workschedule.

\_\_\_\_\_ I understand if I am currently experiencing symptoms of COVID-19, I should not return to work until after 7 days after the onset of illness, or after three days after the resolution of fever (cutoff of 100.0°F), whichever is longer, AND there has been resolution or improvement in respiratory symptoms.

\_\_\_\_\_ I have read and I understand the Monitoring Attestation Form and will submit to my leader today in person, via email, or fax. Follow direction of your leader.

**EMS Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please refer to this risk table when determining high or medium risk exposure**

<b>Epidemiologic Risk Factors</b>	<b>Exposure category</b>
<b>HCP PPE: None</b> OR <b>Living with or caring at home for a COVID + person with no PPE</b>	<b>High</b> (regardless if patient was wearing a facemask or not)
<b>HCP PPE: Not wearing a facemask or respirator</b> OR <b>Close contact with COVID + person or living/caring for COVID + person while wearing PPE</b>	<b>High</b> (if patient was not wearing a facemask) <b>Medium</b> (if patient was wearing a facemask)
<b>HCP PPE: Not wearing eye protection (and patient not wearing facemask)</b> OR <b>Close contact with COVID + person or living/caring for COVID + person while wearing PPE</b>	<b>Medium</b> (if patient was not wearing a facemask)