

COVID 19 Contact Inquiry/Investigation Questionnaire

To determine possible exposure and next steps for the department

Employee Name _____ ID # _____ Department _____

1. In what areas of the workplace was the employee during the last 24 hours?
2. How long was the employee in contact with other persons in the workplace: More than 5 minutes or less than 5 minutes? – **Get a list of names and include on POC reporting form**
3. How close was the employee to other persons in the workplace: More than 6 ft. or less than 6 ft.?
4. Did the employee cough or sneeze within 6 ft. of the other employee's (If yes, note names below)? YES NO
5. Were any of the employees present during this episode wearing masks (If yes, note names below)? YES NO
6. Any other special circumstances? (riding in same vehicle, shared food, etc.)

POC Printed Name _____ Date _____

Be sure to speak with the direct supervisor or manager when you receive the call and keep all gathered information **confidential**. These steps are to be followed first with an interview of the employee in order to put together a list of other employees possibly exposed. Once that list is made, the POC or designee can interview each one on the list, using the above questions. OMS can assist with the inquiry/investigations. Please send completed forms to MedicalInfo.OMS@montgomerycountymd.gov or fax to 240-777-5132.