

COVID-19 EXPOSURE FORM

1. My name is _____, I reside at the following address:

and my telephone number is: (____) _____

2. While working at:

Place and Address of Exposure (Ex: Elevator of The Marriott Brooklyn Bridge, 333 Adams Street, Brooklyn, NY 11201)

in the capacity of a: _____ for: _____

Job Title Employer Name

on the date of: ____/____/____ at: _____

Date of Exposure (mm/dd/yyyy) Time of Exposure (Ex: 1:00PM)

I was in the *immediate physical presence* of and *exposed* to:

First and last name of person exhibiting COVID-19 symptoms, if known. (Ex: John Smith or Unknown)

who was exhibiting specific COVID-19 symptoms of:

coughing wheezing difficulty breathing other: _____

3. The work-related relationship of the person above is:

customer client coworker tenant other: _____

(check all that apply)

employee of: _____ subcontractor of: _____

Employee's Employer Name Subcontractor's Employer Name

4. This described exposure occurred:

at the direction of: _____

First and last name of person (supervisor, etc.) directing you at the time

as part of my regular duties which include: _____

Describe the regular job duty(ies) you were doing when the exposure occurred.

5. I request an exposure number for the abovementioned occurrence.

Signed: _____ Dated: ____/____/____