|  |  |
| --- | --- |
| C:\Users\pz3\Documents\Crosslake Fire\Aspen Mills\Crosslake-Fire-Patch (4).jpg | **ILLNESS REPORT FORM**  Pandemic Coronavirus Response |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FF Badge Number #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print

Symptoms include: (check all that apply):

Fever of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any sign of respiratory illness

Cough

Sore throat

Shortness of breath

What was first symptom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did it first appear? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As previously stated, **for your own illness**, you should not return to duty until you have been fever-free for 72 hours or 7 days after your symptoms began – whichever is greater.

You will require a further medical screening from the MN Dept of Health. Provide the phone number where you can be reached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The MN Dept. of Health will determine if you should be screened for Covid-19 and make the arrangements for testing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date:

**Safety Officer Received**

Log Case #\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Officer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| City Clerk Signature Date | |
|  | |
|  |  |