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| 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

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

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| --- |
|  City Clerk Signature Date |
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