**Consultant/Subconsultant Employee COVID-19 Reporting Form**

**Please complete this form and email it to the DFDM Project Manager**

|  |  |
| --- | --- |
| **Firm/Subconsultant Name, Address, Contact Name, and Contact Information** (phone, email) |  |
| If you have reason to believe an employee has contracted COVID-19 specify the basis for this belief (e.g., employee has tested positive, employee is exhibiting symptoms).  |   |
| If you have reason to believe an employee has been exposed to someone who has contracted COVID-19 specify the basis for this belief (e.g., employee’s immediate family member has tested positive, employee traveled to a Level 3 country or an area of sustain community transmission in the last 14 days).  |   |
| Indicate whether the employee has been directed to remove him/herself from the project site.  |   |
| Identify the DFDM project on which the employee was performing work.  (Include the DFDM project number, name, and institution). |   |
| Identify the specific locations on the job site or in-person meeting the employee was performing work.  |   |
| Indicate whether the employee worked in close proximity with any DOA or other state agency employees on the job site.  |   |
| Please provide any other information you believe may be relevant to DFDM regarding potential state employee or general public exposure to COVID-19.  |   |