



**SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN
INFLUENZA EXPOSURE OR ILLNESS REPORT**

Date of Report: _____

1. Name of person reporting exposure or illness:	2. Employee title and department:
3. Business phone:	4. Cell phone:
5. Date and time exposure possibly occurred:	6. Location where exposure possibly occurred:
7. What has the employees' work schedule been since the time of exposure?	
8. Has the employee shared work tools (computer, phone, printer, copier, etc.) with other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when, where, and with whom?	
9. Has the employee spent time in any community or shared spaces at work since that time (or in the 48 hours before becoming symptomatic)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when, where, and with whom?	
10. Name of emergency contact:	11. Phone number for emergency contact:
12. Description of how possible exposure occurred, including other individuals possibly exposed:	
13. Description of off-work activities with dates (MM/DD/YYYY) (include travel, gatherings in groups of any size, and visits to enclosed spaces such as grocery stores or other open businesses)	

<p>14. What date and time did symptoms associated with this illness start for the employee or the individual to whom employee was exposed? (Symptoms might include fever, cough, sore throat, muscle aches, headache, shortness of breath, vomiting, diarrhea, fatigue) (MM/DD/YYYY)</p>
<p>15. Has the employee been diagnosed or received positive test results? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>16. Does employee still have symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17. Does the individual to whom the employee was exposed still have symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>18. Has employee (or the individual to whom the employee was exposed) received medical care for this illness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19. On what date did employee (or the individual to whom the employee was exposed) seek medical care?</p>
<p>20. Was employee (or the individual to whom the employee was exposed) hospitalized for the illness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>21. Has employee (or individual exposed) reported this illness to the Kern County Health Department? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22. Has a quarantine or isolation been recommended by either the Kern County Health Department or a medical provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>23. When does the employee's medical provider anticipate the employee will be cleared to return to work?</p>
<p>24. Has the employee's medical provider recommended testing for anyone else that employee came into contact with? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has the medical provider given employee any procedures to pass along to those individuals that employee may have been in contact with? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what are they?</p>
<p>25. Does employee consent to use of this information solely on a need-to-know basis in a tracing protocol to ensure the well-being of other employees and others affected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>26. Signature of person reporting illness or exposure and consent to utilize information as indicated above: _____</p>
<p>27. Any additional information:</p>