



# Department of Personnel and Safety

*Richard C. David, Mayor*

*Patricia Keppler, Personnel & Safety Director*

*Leana Testani, Assistant Director of Personnel & Safety*

## **COVID-19 INTAKE EXPOSURE FORM**

**\*Only complete this form if you believe you or a colleague has had direct exposure to COVID-19.**

Name: \_\_\_\_\_

Title/Job Description: \_\_\_\_\_

Phone No.: \_\_\_\_\_

I believe myself or a colleague had direct exposure to COVID-19 because:

\_\_\_\_\_ Direct exposure to individual known to be diagnosed with COVID-19

\_\_\_\_\_ Direct exposure to individual known to be awaiting results of COVID-19 test

\_\_\_\_\_ Direct exposure to individual known to be ordered to quarantine due to COVID-19 symptoms

\_\_\_\_\_ Direct exposure to individual directed to self-quarantine

\_\_\_\_\_ Direct exposure to individual appearing to display COVID-19 symptoms

Please describe the circumstance and situation of the believed exposure (include date, location).

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

Please list all City of Binghamton colleagues believed to be present or any additional colleagues also relevant to potential exposure.

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

Has anyone believed to have been exposed to COVID-19 visited any City of Binghamton sites, offices, etc.? If yes, when and where?

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

Date Reported to Broome County Health: \_\_\_\_\_

Date Visited Health Provider (incl. telehealth): \_\_\_\_\_

Outcome: \_\_\_\_\_  
(Specify: health dept. isolation order, advised by provider to self-quarantine, symptomatic, awaiting test)

**\*Attach documentation from Health Provider and Broome County Health.**