



**COVID-19 EXPOSURE REPORTING FORM**

**This Form is for Internal [NWCNHS] Use ONLY**

**Section I – To be completed by Florida International University – Nicole Wertheim College of Nursing and Health Science employee**

This form is for individuals to notify Nicole Wertheim College of Nursing and Health Sciences administration and University designee(s) of incidents of actual/potential COVID-19 (Coronavirus) exposure at a clinical affiliate site.

Date of Report: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_ (example@fiu.edu) Panther ID: \_\_\_\_\_

Phone Number \_\_\_\_\_

Department/ Program \_\_\_\_\_

NWCNHS position and role: ( ) Staff ( ) Faculty ( ) Role: \_\_\_\_\_ (e.g., Department Chair, Clinical Coordinator/Director, Specialty Track Leader, etc)

**Section II – III To Be Completed by Individual Affected or in Collaboration with Individual Affected.**

Please provide information regarding who notified you of the potential exposure. [NO PATIENT IDENTIFYING INFORMATION]. If you are self-identifying, you may choose the "Contact Information is the same as above. "(I am self-identifying)" option below to copy the information above into the fields below.

( ) Contact Information is same as above. (I am self-identifying.)

Clinical Site: \_\_\_\_\_ Floor/Unit: \_\_\_\_\_

First \_\_\_\_\_ Last Name \_\_\_\_\_

Title: \_\_\_\_\_ Email Address \_\_\_\_\_ (example@site.org)

Phone Number (preferred/authorized contact phone number) \_\_\_\_\_

Is the student taking an on-campus course(s)?

( ) Yes ( ) No

**Section III – Symptoms and Actions Taken**

Please provide information regarding when you may have been exposed, symptoms currently being experienced, actions taken, and if any assistance in relationship with this reporting and follow up is needed.



Dates believed to have been in contact with reported COVID-19 person/patient:

- Start Date: \_\_\_\_\_ End Date \_\_\_\_\_
- Was care directly being rendered to person/patient identified as COVID-19 positive, during this time.  Yes  No
- Describe: \_\_\_\_\_

Please indicate what Personal Protective Equipment (PPE) was being used at the time of potential exposure?

- No PPE was being used  Procedural/Surgical Mask  N95  Face shield
- Goggles / Eye Protection  Cloth or Paper Mask
- When were you last on campus or in a clinical affiliate facility? \_\_\_\_\_

To whom has the exposure been reported?

1. Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please indicate any symptoms you are currently experiencing

- No symptoms at this time  Cough  Fever  Shortness of Breath
- Others: \_\_\_\_\_, - \_\_\_\_\_, \_\_\_\_\_

Date symptoms began: \_\_\_\_\_

What action have you taken about your signs and symptoms?

- No actions taken at this time
- Self-care at home  Attended an appointment at primary healthcare provider
- Received care at an urgent care center  Received care in the emergency room
- Admitted to the hospital and spent at least 1 night

Do you have any current needs related to COVID-19 reporting, quarantine, healthcare follow-up process/procedure?

- I have no needs at this time
- Need assistance contacting the FIU COVID-19 Response Team (CRT)



( ) Need assistance contacting my professors

( ) Need contact information for Student Health Services and/or COVID-19 Testing site

For information about COVID-19, FIU’s Guidelines for Repopulation Plan, and Corona Virus updates visit:

[Get the Facts About Coronavirus \(CDC\)](http://www.cdc.gov/coronavirus) <http://www.cdc.gov/coronavirus>

[Panthers Protecting Panthers](https://repopulation.fiu.edu/) <https://repopulation.fiu.edu/>

**Section IV – Acknowledgements**

( ) By checking this box, I attest contacting the FIU COVID-19 Response Team directly at (305) 348-1919 on \_\_\_\_\_ (date) to report this potential/actual exposure and following the directions/instructions provided by the FIU COVID-19 Response Team related to quarantine, screening test, etc.

( ) By checking this box, I attest continued use of the FIU P3 App as a safety screening questionnaire prior to coming onto campus and any FIU/NWCNHS clinical affiliate site.

( ) By checking this box, I attest the information provided is true and correct to the best of my ability and understand that any false statements/allegations may be subject to disciplinary actions including but not limited to expulsion or termination.

Form Completed by:

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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**Student/Faculty reporting potential/actual exposure MUST contact the FIU COVID-19 Response Team at 305-348-1919**

**Department Chairs, please forward a copy of this report to**

NWCNHS Associate Dean of Academic Affairs

NWCNHS Associate Dean of Administrative Affairs