



# THE UNIVERSITY OF THE WEST INDIES, MONA

## HUMAN RESOURCE MANAGEMENT OCCUPATIONAL HEALTH & SAFETY

### COVID-19 REPORTING FORM

This form must be used to record all COVID-19 reports from employees and students. This form does not replace the need for an individual to contact the Ministry of Health and Wellness to inform them accordingly.

**Any staff or student showing symptoms should seek medical attention immediately. Further, the University, through the Clinical Director, must be notified of COVID-19 test results.**

Date:	
1. Name:	2. ID Number:
3. Faculty/Dept:	
4. Occupation:	
5. Address in the Past 14 Days:	
6. Any other Address:	
7. * Have you been exposed to a person confirmed with COVID-19: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Long ago _____	
8. * Have you been exposed to a person who was in contact with a person confirmed with COVID-19: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Long ago _____	
9. <u>If yes to 7 or 8 above</u> , are you showing any symptoms of COVID-19: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state: _____	
Reported To:	

**\* Staff and Students who answered yes to Questions 7 or 8 must be sent home to quarantine and instructed to contact the Ministry of Health and Wellness.**

For Students: Completed forms should go to The Clinical Director, copied to the Director of Student Services, and the Campus Registrar

For Staff: Completed forms should go to The Clinical Director, copied to the Senior Assistant Registrar HRMD (ERCBOSH), and the Campus Registrar