COVID-19 Questionnaire

Policy Name: _____

Policy Number:_____

As the COVID-19 pandemic continues to impact us in various ways, inquiries regarding potential work-related COVID-19 claims have increased in frequency. If you are uncertain or have questions about potential COVID-19 exposure claims involving your employees, our recommendation is to contact your designated claim representative or a claim manager to discuss. Our claim professionals can help provide guidance and determine whether an actual claim should be submitted for consideration.

We have implemented our infectious disease claim handling protocols. The compensability of each individual claim would be based on:

1. The individual facts and merits of the actual claim (non-hypothetical)
2. Applicable state workers compensation statutes that apply
3. Direction or guidance from a governmental entity

It is very important to note that no one factor will determine whether a COVID-19 related illness is compensable. All reported claims will be evaluated individually. If a claim is reported, but is closed with no claim costs, it will not impact your workers' compensation premium or experience modifier.

It is critical you discuss potential claims with your CompWest Insurance Company claim professional as soon as you become aware of them. Submitting the First Notice of Loss in a timely manner remains critical to the investigative process. Once the claim has been submitted, please be prepared to provide your claim representative with the information outlined below.

Employee Information

Name	**Job title**
Date of suspected exposure	**Date reported**

Name of contact for future correspondence

Form completed by	**Date completed**

General Claim Information (COVID-19)

Has employee missed work?	☐ Yes ☐ No	**Dates of missed work:**	
Has employee been authorized off work by a physician or other medical practitioner?			☐ Yes ☐ No
Is the employee on quarantine?			☐ Yes ☐ No
If yes, is quarantine self-imposed, state or medically mandated?			
Has employee received a positive COVID-19 test result?			☐ Yes ☐ No
If test result was positive, where was the COVID-19 test administered?			

Exposure

What is this employee's essential job functions?	
Did the employee have direct exposure to a known COVID-19 positive resident, client or co-worker?	☐ Yes ☐ No
If yes, • **Where did first contact take place (room, common area)?** • **How frequent was the contact with the COVID -19 positive individual?**	
If no, • **If no direct exposure can be identified, was there exposure in their general work area (dining, common room, etc.)?**	
What PPE is required when interacting with a COVID-19 positive individual(s)?	
Was all required PPE available and worn during contact with the individual(s)?	☐ Yes ☐ No
Was the employee in the workplace 2-3 weeks prior to symptom onset?	☐ Yes ☐ No
If yes, please provide the dates and times.	
Does the employee have any other employment?	☐ Yes ☐ No

Symptoms & Treatment

When did the employee first experience symptoms consistent with COVID-19? Has the employee received a COVID-19 diagnosis?	
What were the symptoms?	
When did the employee first seek medical treatment?	
Where was treatment rendered?	
Has the employee returned to your facility since symptoms began?	☐ Yes ☐ No