BEACON
Specialized Living

COVID-19 Request to Return to Work

Employee Name __Emily Wolffis__   Home __Wolf Lake__

1. What symptoms did employee exhibit that led to testing, quarantine, or time away from work:
   Sinus infection symptoms, she got tested for COVID after another staff tested positive and her test came back positive

2. Are you still experiencing these symptoms? Circle YES or NO

   Fever or Chills   Yes (No)
   Cough   Yes (No)
   Shortness of breath or difficulty breathing   Yes (No)
   Fatigue   Yes (No)
   Muscle or body aches   Yes (No)
   Headache   Yes (No)
   New loss of taste or smell   Yes (No)
   Sore throat   Yes (No)
   Congestion or runny nose   Yes (No)
   Nausea or vomiting   Yes (No)
   Diarrhea   Yes (No)

3. Start of symptoms: 12/4/20

4. End of Symptoms: 12/14/20

5. 72 hours has passed with no symptoms?   (Yes)   No

6. 10 days since onset of symptoms?   (Yes)   No

7. Taking Tylenol?   Yes   (No)

8. Known COVID exposures: Yes. Beginning of December.

9. Any travel in the past 14 Days?: If yes, where, **dates** and details of travel:
   Muskegon 12/24 - 12/30

10. Number of test results and outcomes (Positive for COVID or not found):
    1 Positive test on the 9th.
    a. Note if employee tested positive for Covid-19 they must have **2** negative test results in 48 hours to resume working.

11. Other comments:

Please email to Kevin Kalinowski and Melissa Williams and copy HR@Beaconspecialized.org Make sure all pertinent attachments are included (attachments are better than screenshots where possible) including test results and **doctor's** notes (highlight important information on attachments including staff name, tests results, etc.) This should speed the process. It is also helpful to text that you are waiting on a review.