

COVID-19 STAFF EXPOSURE LOG

Fill out and return to clinic Infection Control Officer

Clinic Name:	
Name of Exposed Staff Member:	
Date:	
Route(s) of Exposure:	
Explanation of how the exposure occurred:	
When the exposure occurred:	
Where the exposure occurred:	
PPE Utilized during exposure (if applicable):	
Testing plan and results:	
Monitoring plan and instruction on Symptom Tracker :	
Return to work instruction/resolution:	
Infection Control Officer signature:	
Staff member signature:	