



**COVID-19 - ILLNESS REPORTING QUESTIONNAIRE**

Name:		Date:	
Address:		Contact Number:	
Department/Company			
Who is ill? (Check all that apply):	<input type="checkbox"/> Yourself	<input type="checkbox"/> Family Member	<input type="checkbox"/> Roommate
	<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Other Exposure	
Do you have COVID-19 Symptoms? (fever, cough, shortness of breath) List:			
Do you have reason to believe you have had first hand or second hand exposure to someone that has the symptoms of COVID-19 or tested positive for COVID-19? If yes, explain.			
Have you travelled from a geographic location that is a known hotspot for COVID-19? If so where and when?			
Has anyone been tested for COVID-19?	<input type="checkbox"/> Yourself	<input type="checkbox"/> Family Member	<input type="checkbox"/> Roommate
	<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Other Exposure	
What were the test results for COVID-19?			
About what date did you/family member begin to feel ill or notice symptoms?			
When was the last day you worked at the Airport?			
During your normal workday, do you remain at one location or do work at more than one location?			
Where is your main work location?			
If you work at more than one location, what other locations do you work at?			
Do you visit other locations during your work shift or while at the Airport?			
Which Restaurants or Food Counters?			
Which restrooms do you normally use?			
What Airport Vehicles or Equipment have you used?			
Which Card Access readers did you use, and/or what was your normal route in/out of the building?			
Which ATM's, gift shops or stores?			
Other:			
List the persons you normally come into contact with or have recently come into contact with?			
Is there any additional information you think might be important or relevant?			
Person Completing the Report:		Date:	
Scan and send to:		Task_Force_X@flystl.com	

\*\*\* Reminders: **Do not come to work if: you have symptoms, you are sick, or you are awaiting results of a COVID-19 test** \*\*\*

<https://stlairportal.flystl.com/uploads/documents/resources/COVID19-Reporting-Illness-Questionnaire.pdf>