***New York State Lifeguard Corps***

**MEMBER COVID-19 EXPOSURE TRACKING FORM**

*Use this form to track any work-related exposures to COVID-19 that you have. Keep a copy of this for your files, attach one to your Workers Compensation Claim (C-3) and provide a copy to your Worker’s Compensation attorney if you have one.*

1. INDIVIDUAL INFORMATION:  
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residing at the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home or Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regularly assigned work location and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designated as an Essential Worker: *Yes*

2. EXPOSURE DETAILS:

While working at: my regularly assigned work location or other location

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Be specific about the place in your location where you were exposed)*

In the capacity of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Job Title) (NYSOPRHP/DEC)

On the day of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MM/DD/YYYY) (Time of Exposure)

Name(s) and title(s) of witness(es) to the exposure:

1.

2.

3.

While at work, I was in the immediate physical presence and/or in direct contact with the following person:

(If the name is unknown, please provide a physical description)

The person was exhibiting:

\_\_\_\_Cough \_\_\_\_\_Wheezing \_\_\_\_\_Difficulty Breathing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other

Or upon information that the person was:

\_\_\_\_ Confirmed COVID-19 (Asymptomatic) \_\_\_\_ Confirmed COVID-19 (Symptomatic)

\_\_\_\_ Had tested positive for COVID-19

I know this because:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(How did you become aware of their COVID-19 status)

3. The work-related relationship of the person above is:

\_\_\_\_\_Rescue Victim \_\_\_\_\_First Aid/CPR Victim \_\_\_\_\_ Co-Worker \_\_\_\_Bystander at a scene

4. Description of the exposure incident:

At the direction of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as part of my regular duties which include:

(Officer(s) in charge at your location)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or during additional duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Reporting Information

I recorded this incident on the Beach Operations Report for this incident: Y / N

Officer In Charge \_\_\_\_\_\_\_\_\_\_\_ Officer Initials \_\_\_\_\_\_\_\_\_\_

I filed with the Accident Reporting System (ARS) Y / N

ARS Number \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Filed \_\_\_\_\_\_\_\_\_\_\_

6. Additional Notes, dates and results of COVID-19 Testing

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Dated