



# Healthcare Personnel (HCP) Surveillance Record for COVID-19

This form is intended to assist the facility with weekly documentation of HCP-related surveillance, specifically related to the COVID-19 pandemic and is can be utilized with the AADNS Healthcare Professional screening tool. In addition to screening, facilities must also maintain a record of the surveillance conducted. This form is intended to assist the facility with documenting HCP-related surveillance, specifically related to the COVID-19 pandemic and can be utilized in conjunction with the Healthcare Personnel screening tool.

**Date of first confirmed resident case of COVID-19? (If no cases, write not applicable [N/A])** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- 1. Number of HCPs showing signs and symptoms of respiratory illness including sore throat, cough, shortness of breath, or fever (measured temperature of 100.0°F or subjective fever)?** Enter date and number of HCPs in the boxes below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /

- 2. Number of HCPs with diagnosis of COVID-19 (test positive or presumptive)?** Enter date and number of HCPs in the boxes below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /

- 3. Number of HCPs tested for COVID-19?** Enter date and number of HCPs in the boxes below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /

- 4. Number of HCPs with COVID-19 cases reported to the Department of Health?** Enter date and number of HCPs in the boxes below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /

- 5. Number of HCPs who have returned to work following quarantine and are free of signs and symptoms of COVID-19 (includes test positive and quarantine for exposure to COVID)?** Enter date and number of HCPs in the boxes below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /