

## INCIDENT QUESTIONS FOR FILING A WC CLAIM DUE TO COVID-19

Has the worker had contact with a person known to be infected with COVID-19? If yes, Include when and where that contact occurred

Date symptoms of COVID-19 began

Has the diagnosis been confirmed, if yes, by what medical facility?

Has the worker, or any member of their immediately family recently travelled to any high-risk areas? If yes, dates, places, means of transportation

Are any immediate family members currently showing similar symptoms?

What other employees did the worker have close contact with recently

Indicate higher risk of exposure for this specific employee and the nature of that exposure (ie: healthcare worker or first responder)