

COVID-19 Exposure Report

User Guidance:

- This form is to be completed to for each worker (employee, sub-contractor or other third party) who has been exposed to **COVID-19** by and exposure element listed in the Employee Exposure Details section below.
- This form should be used in conjunction with the Protocol Guidelines to manage the impact of **COVID-19**.
- Completed forms should be emailed to gary.nicholson@nzdata.co.nz within 2 hours of the **COVID-19** exposure being reported.

Exposed Employee Details

Name	
Title	
Contact Details	Email Mobile
Location	NZ Data Project
Manager's Name	
Confirmation that it has been explained to the employee that the information in this form will be treated in accordance with our NZ Data Project Privacy Policy. However, in the interest of other people's safety, we may need to disclose to others certain details in relation to this notification, and we will advise the employee if this is considered necessary.	<input type="checkbox"/> Yes Details of manager who has provided this confirmation: Name Title Date Time

Employee's Exposure Details

Exposure Element	<input type="checkbox"/> Employee has been in or in transit through current named high-risk countries as defined on Government website: https://www.health.govt.nz/ <input type="checkbox"/> Employee has been in close contact with someone confirmed with COVID-19 in the last 14 days <input type="checkbox"/> Employee has been advised that they have potentially been exposed (limited contact) with someone confirmed with COVID-19 <input type="checkbox"/> Employee cares/lives in the same household as someone who has been advised to self-isolate <input type="checkbox"/> Employee has contracted COVID-19 . An immediate family member of the Employee has contracted COVID-19 Other (provide details)
Details regarding the exposure or diagnosis e.g. where, when and how they were exposed	Where: When: How: Has the employee seen a medical practitioner, or have they phoned the NZ Health Line for advice: Advice received?
	Has the employee been unwell or experiencing any flu like symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No Other relevant details: