



COVID Related Illness/Positive Test Result/Close Contact (to a positively tested person)

Full Name: _____ EE ID #: _____

EE Work Location: _____ EE Business: _____

EE Supervisor: _____ EE Phone Number: _____

Union (if applicable): _____ Last Day at the work site: _____

Please check the reason below for filing this report and fill in the information needed:

I am ill and have symptoms

Date you became ill: _____ Day after you became ill: _____

Day you may return to work: _____

Remember, if you continue to be symptomatic past your return date, you must stay home until you are symptom(s) free for 24 hours without the use of fever reducing medication.

Example: Day became ill 1-1-22, Day after you became ill: 1-2-22, 5 day quarantine until 1-6
Return to work date: 1-7-2022

I have tested for COVID

Date of Test: _____ I was: Negative Positive If Positive, Date of Results: _____

Day after you tested: _____ Day you may return to work: _____

Remember, if you are negative or positive, and IF you continue to be symptomatic past your return date, you must stay home until you are 24 hours symptom(s) free without the use of fever reducing medication.

Example: Date tested: 1-1-22, Day after tested: 1-2-22, 5 day quarantine until 1-6
Return to work date: 1-7-2022

I have been in close contact to a person who has received a positive test (this includes a positive family member)

Date you had close contact to positive person? _____

Day after you were close contact: _____ Day you may return to work: _____

Example: Day you were close contact to a person who tested positive: 1-1-22. Day after the close contact to the positive person: 1-2-22, 5 day quarantine until 1-6. Return to work date: 1-7-2022
Those fully vaccinated and/or boosted AND symptom free need not quarantine, if vaccine card on file with Vigor

Please circle answers applicable to your situation below

Are you fully vaccinated? Yes No Have you turned in a copy of your vaccination card? Yes No
Fully vaccinated means that you have completed both doses of either Pfizer or Moderna, or, one dose of the Johnson and Johnson

Have you received the booster? Yes No Have you turned in a copy of your booster card? Yes No

Do you want to use any Vacation Dollars or Paid Time Off? Yes No

Vaccination cards should be e-mailed to vaccination@vigor.net. Please send vaccination cards only when you are fully vaccinated, and/or have received your booster.

TO DO:

Please email this completed form or take a picture and send to: Leaves@Vigor.net

If you have a positive test, please take a picture of the results of the test and email the picture to: Leaves@Vigor.net

Production employees must call the Attendance Line Daily at 844-660-0089.

If any of your information changes or if you have questions, please call the leave group at either 206-601-6085 or 206-291-7694.