



## Confidential COVID-19 Report Form

This form should be completed if any of the circumstances listed below apply to you. All information you share on this form will be kept confidential to the greatest extent possible. Please submit the completed form to Human Resources at [leavesadministration@rfcuny.org](mailto:leavesadministration@rfcuny.org).

Employee Name:	Campus:
Project Director/Supervisor Name:	Employee Email:
Employee Phone Number:	Employee Home Address:

The following countries have been designated as areas of concern by the CDC:

- Iran, Level 3
- Italy, Level 3
- China, Level 3
- South Korea, Level 3
- Japan, Level 2

Self-Declaration by Employee (please circle whichever applies):	
1	Have you travelled to or had close contact with someone who travelled to any of the countries listed above within the last 14 days?  Yes                      No
2	Have you been diagnosed with or cared for someone diagnosed with COVID-19 within the last 14 days?  Yes                      No
3	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?  Yes                      No

Please describe the arrangements you have made, or any requests for an accommodation that have been submitted, to deal with this situation:

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

March 10, 2020