



QUARANTINE LEAVE REQUEST CHECKLIST AND CONSENT FORM	
Date/Time:	
Employee Name (Last, First)	

** The Quarantine Leave for Peace Officers and Detention Officers Request Form must accompany this checklist. Please email both forms to the Jefferson County Public Health Authority at: eede@co.jefferson.tx.us.*

Manual Self-Triage Survey

Please note, the questions asked are used solely for the purpose of ensuring employees return to the workplace safely and at the appropriate time and NOT for medical diagnoses or treatment. If you have any symptoms and/or other medical concerns, please visit your healthcare provider.

Demographic Information

Name (Last, First):	
DOB:	
Sex:	
Phone:	
Email:	
Position:	
Department:	
Supervisor Name:	

Medical Data

Temperature:	
Heart Rate (if available):	

Exposure History

Have you been exposed to an individual who tested positive for COVID-19 within the last 14 days or had symptoms of COVID-19 in the past 48 hours? (Exposure is defined as being within 6 feet for a total of 15 minutes or more.)	
Is this a household exposure (someone that lives in your home)?	

Testing History

Have you been tested for COVID-19 in the last 30 days? If yes, what were the results? (Positive, Negative, Inconclusive, Pending)	
What date was your COVID-19 test performed?	

Vaccine History

Have you received the COVID-19 vaccine?	
If Yes, please attach a copy of your vaccination card. (or include details on manufacturer and date)	



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Travel	
Have you traveled outside Jefferson County in the last 30 days? (yes/no)	
Where did you travel?	
How long did you visit this location? (number of days)	
When did you return?	
Risk Assessment	
<i>Please indicate if you have any of the risk factors below:</i>	
<input type="checkbox"/> Lung Disease (asthma, emphysema/COPD) <input type="checkbox"/> Hypertension (high blood pressure) <input type="checkbox"/> History of Diabetes <input type="checkbox"/> History of Cardiovascular disease <input type="checkbox"/> Immunocompromised Condition <input type="checkbox"/> Current smoker, including vaping <input type="checkbox"/> If female, pregnant or less than 2 weeks postpartum <input type="checkbox"/> History of Cancer <input type="checkbox"/> Other <input type="checkbox"/> None of the above	
History of Present Illness	
<i>Have you recently developed any new or abnormal symptoms? (yes/no)</i>	
Symptoms:	
<input type="checkbox"/> Fever	<input type="checkbox"/> Chills
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Muscle Pain/Body Aches
<input type="checkbox"/> Headache	<input type="checkbox"/> New Loss of Taste/Smell
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Congestion/Runny Nose
<input type="checkbox"/> Cough	<input type="checkbox"/> Difficulty Breathing (Shortness of Breath)
<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Other Symptoms	
What was the date when your symptoms first appeared? (Approximately)	
Have you recently had a fever? (yes/no) Highest temperature recorded?	



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QUARANTINE LEAVE REQUEST PARTICIPATION CONSENT FORM

Name: _____ Telephone (work): _____

Email: _____ Telephone (mobile): _____

Department: _____

I am voluntarily submitting information requested by Jefferson County Health Authority in aid of evaluating whether to approve my Quarantine Leave Request and I confirm the following:

I have read the Jefferson County Quarantine Leave Policy for Peace Officers and Detention Officers (attached).

I am voluntarily providing and submitting to Jefferson County Health Authority information on the Quarantine Leave Request Checklist including proof of vaccination.

I understand a copy of this form will be maintained by Jefferson County Public Health for the applicable retention period.

I understand that the Jefferson County Quarantine Leave Policy may be modified at any time.

I understand this voluntary consent remains in effect until revoked by me in writing.

I understand I have the right to revoke this consent and withdraw my Quarantine Leave Request by notifying Jefferson County Health Authority at eede@co.jefferson.tx.us and Human Resources at hrdept@co.jefferson.tx.us.

I understand that withdrawal of my Quarantine Leave Request will preclude entitlement to the benefit(s) of the Jefferson County Quarantine Leave Policy.

I understand there is a potential my Quarantine Leave Request Checklist information may be re-disclosed by the recipient in which case confidentiality of this information will no longer be protected.

I acknowledge receipt of a copy of this signed consent form.

Signed: _____ Date: _____