



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

*** The Quarantine Leave for Certain Law Enforcement Personnel Request Form must accompany this checklist. Please email forms to the Human Resources and Risk Management at HRRMQuarantineLeaveRequest@harriscountytexas.gov**

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:	
Employment status (Employee/Contractor/Volunteer):	
Agency (HCSO, Constable, etc.):	
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 copy of your vaccination card. (or include details on manufacturer and date)	



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<u>Travel</u>	
Have you traveled outside Harris 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?	

<u>Risk Assessment</u>	
Please indicate if you have any of the risk factors below: (check all that apply)	
Lung Disease (asthma, emphysema/COPD)	
Hypertension (high blood pressure)	
History of Diabetes	
History of Cardiovascular disease	
Immunocompromised Condition	
Current smoker, including vaping	
If female, pregnant or ≤ 2 weeks postpartum	
History of Cancer	
None of the above or other	

<u>History of Present Illness</u>	
Have you recently developed any new or abnormal symptoms? (check all that apply)	
Symptoms:	
Fever	Chills
Fatigue	Muscle Pain / Body Aches
Headache	New Loss of Taste/Smell
Sore Throat	Congestion/Runny Nose
Cough	Difficulty Breathing (Shortness of Breath)
Nausea/Vomiting	Diarrhea
Other Symptoms:	
What was the date when your symptoms first appeared? (Approximately)	
Have you recently had a fever? (yes/no) Highest temp. recorded?	



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QUARANTINE LEAVE REQUEST PARTICIPATION CONSENT FORM

Employee ID: _____

Name: _____

Email: _____

Telephone (work): _____

Telephone (mobile): _____

Department: _____

I am voluntarily submitting information requested by Human Resources and Risk Management in aid of evaluating whether to approve my Quarantine Leave Request and I confirm the following:

- I have read the Harris County Quarantine Leave Policy for Certain Law Enforcement Personnel (attached).
- I am voluntarily providing and submitting to HRRM information on the LHA Checklist including proof of vaccination.
- I understand a copy of this form will be maintained by my department for the applicable retention period.
- I understand that the Harris 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 revoke this consent and withdraw my Quarantine Leave Request by notifying HRRM at HRRMQuarantineLeaveRequest@harriscountytx.gov.
- I understand that withdrawal of my Quarantine Leave Request will preclude entitlement to the benefit(s) of the Harris County Quarantine Leave Policy.
- I understand there is a potential my LHA information may be redisclosed 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.

Signature: _____

Date: _____