|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **[company name]**  **Employee Name** *(please print)*: | |  | | | | **Date**: | |
|  |  | | | | | |  |
| As the COVID-19 pandemic continues, it is important to prepare and make a plan if you or someone in your family contracts the Coronavirus. As part of the planning process, we would like to confirm your contact information. Please complete the information below: | | | | | | | | |
|  |  | | | | | |  |
| Home Street Address: |  | | | | Apartment: | | |
|  |  | | | | | |  |
| City, State, Zip: |  | | | | | | |
|  |  | | | | | |  |
| Phone Numbers  *(w/ area codes)*: | Home: | | Cell: | | | | |
|  |  | | | | | |  |
| E-mail Address: |  | | | | | | |
|  |  | | | | | |  |
| Emergency Contact Name: |  | | | | Relationship: | | |
|  |  | | | | | |  |
| Emergency Contact Phone Number: | Home: | | | Cell: | | | |
|  |  | | | | | |  |
| If you or a member of your family | If yes, please describe: | | | | | | |
| contracts COVID-19, will you change your |  | | | | | | |
| living arrangements or contact info?: |  | | | | | | |
|  |  | | | | | |  |
|  |  | | | | | |  |

[company name] Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Initials*)

Management comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_