



COVID-19 CASE POSITIVE WORKPLACE DENIAL

Please complete this form immediately and provide it to your supervisor/designee prior to leaving your work location.

Name: _____ Date: _____ Time: _____
Position: _____ Supervisor: _____
Work schedule: _____ Work location/unit: _____
Last date physically at work: _____ Telephone number(s): _____
Please include the best contact number to reach you

Symptom Onset date: _____
Positive Test date: _____
Expected RTW date: _____

I am being denied entry into the workplace because I have tested positive for COVID-19. **The Return-To-Work date is calculated using the flyer:** <http://idoc/employees/health-safety/docs/covid-19/return-to-work-guidance.pdf>

NOTE: Return-To-Work protocol will include Rapid Antigen Testing (RAT) and strict mask adherence. You're expected to review and adhere to the Return-To-Work Guidance flyer.

Your signature below acknowledges that you understand your responsibilities as outlined above. Additionally, you're acknowledging you have a contagious disease and coming to work would jeopardize the health of others. *(Provide employee a blank form when unable to copy prior to leaving worksite)*

Employee Signature Date

Active screener/supervisor Signature Date

Supervisor/designee: Did employee call in reporting positive COVID-19 test result? ☐ Yes ☐ No

If **YES**, read the employee's responsibilities over the phone and confirm their understanding.

- ✓ Make sure this form is completed and sent to the facility/site SL2S distribution list below for entry into the DOC Outbreak Tracing System (DOTS) by your designated contributor. Also, send completed form to DOCOccupationalhealthandwellness@DOC1.WA.GOV
- ✓ Send a blank copy of the form and Return-To-Work flyer via email to the employee and indicate "via phone" on signature line above.
- ✓ Ensure the denial form is routed to the local Human Resources office for retention.

SL2S distribution list:

AHCC: DOCDLAHCCSL2S@DOC1.WA.GOV	MCC: DOCDLMCCSL2S@DOC1.WA.GOV	WCCW: DOCDLWCCWSL2S@DOC1.WA.GOV
CBCC: DOCDLCBCCSL2S@DOC1.WA.GOV	MCCW: DOCDLMCCWSL2S@DOC1.WA.GOV	WSP: DOCDLWSPSL2S@DOC1.WA.GOV
CCCC: DOCDLCCCCSL2S@DOC1.WA.GOV	OCC: DOCDLOCCSL2S@DOC1.WA.GOV	Reentry Centers: DOCDLWRSLSL2S@DOC1.WA.GOV
CRCC: DOCDLCRCCSL2S@DOC1.WA.GOV	SCCC: DOCDLSCCCSL2S@DOC1.WA.GOV	CCD offices: DOCDLCCDSL2S@DOC1.WA.GOV
LCC: DOCDLLCCSL2S@DOC1.WA.GOV	WCC: DOCDLWCCSL2S@DOC1.WA.GOV	Satellite offices: DOCDLAODL2SL@DOC1.WA.GOV

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Employee Occupational Health Record