

## Scabies ~ Employee With Scabies ~ For Occupational Safety & Health Program

Employee Name: \_\_\_\_\_

Position/Department: \_\_\_\_\_

Name and location of client contact with scabies: \_\_\_\_\_

Date(s) employee had contact with client: \_\_\_\_\_

yyyy/mm/dd

Date client's symptoms first noted: \_\_\_\_\_

yyyy/mm/dd

Date employee reported to Infection Control Professional (ICP) or Designate: \_\_\_\_\_

yyyy/mm/dd

If employee has symptoms, describe (what, where, how long):

\_\_\_\_\_

Has employee seen their doctor? Yes  No

If yes, advice given/treatment prescribed: \_\_\_\_\_

Date seen by ICP: \_\_\_\_\_

yyyy/mm/dd

Treatment: \_\_\_\_\_ Environmental Cleaning Done? \_\_\_\_\_

List others in employee's home and date treated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

yyyy/mm/dd

List all areas employee has worked in during the six weeks prior to onset of symptoms:

\_\_\_\_\_

\_\_\_\_\_

Where is employee currently working? \_\_\_\_\_

List employee's possible contacts (children, grandchildren in school, family members working in institutions or recently hospitalized):

\_\_\_\_\_

List any other institution/facility employee works in: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_