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COVID-19 QUESTIONS

1. Who is your family doctor and what is his or her address?
2. Have you spoken with your family doctor regarding the coronavirus, and if so what date?
3. If you believe you were exposed to the coronavirus at work from a specific person, when did you work with such employee and what contact did you have with this employee?
4. How often did you work with the employee or employees whom you believe exposed you to the coronavirus?
5. Have you been admitted to any hospital in relation to the coronavirus and if so when?
6. What was the last date that you worked for your employer?
7. When did your COVID-19 symptoms first appear?
8. Do you have any relatives or friends who are COVID-19 positive?
9. How often have you been around this relative or friend in the past two months?
10. Have you traveled anywhere in the past two months, and if so where?
11. Has anyone visited you from another country in the past two months?
12. Have you gone to church or attended a gathering of friends or family in the past month? If so, when?
13. Have you shopped at any grocery stores in the past month? If yes, what store and how often?
14. Are there any other reasons that you have left your house in the last month prior to diagnosis? If so, where?
15. Have you spent time with anyone in the past month whom you know was very sick? If so, when and with whom?
16. Have you received a positive COVID-19 test result?
17. When did you take that test and where?
18. What was the date you were diagnosed as COVID positive or negative?
19. What symptoms are you presently having?
20. Do you have any unrelated medical conditions for which you are taking medications? If so, what medications are you taking?
21. Are you presently in quarantine or in isolation?
22. Whom do you live with and are any other family members in quarantine?
23. Did any of your family members go into quarantine before you did?
24. Do you have any second jobs or secondary income? If so, please identify the secondary employer.