



**INTERVIEW OF AN EMPLOYEE, CONTRACTOR, OR VISITOR AT USDA WHO TESTS POSITIVE FOR COVID-19**

The designated interviewer should directly contact the interviewee<sup>1</sup> preferably by phone and ask the following questions:

1. Who is your immediate supervisor, and have you notified them of your illness? If so, when did you notify your supervisor?
  - a. Supervisor's name:
  - b. Supervisor's email:
  - c. Supervisor's phone number:
  - d. Date of notification:
2. Are you fully vaccinated?
3. What approximate date did you start experiencing symptoms?
4. What date were you tested for COVID-19? (Note: Only FSDA approved tests are acceptable.)
5. What date were you notified that you tested positive for COVID-19?
6. Have you been advised by medical officials to self-isolate or be under quarantine?
  - a. If so, when?
  - b. For how long?
7. When was the date you last visited a USDA facility?
  - a. What is your office number?
  - b. Which door did you use when entering and departing the facility?
  - c. Which bathroom (if any) did you use at the facility?
  - d. Which elevator or stairwell (if any) did you use at the facility?
  - e. Which conference room (if any) did you use at the facility?

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<sup>1</sup> All information should be recorded in a secure system and any not secured written records must be destroyed to protect the interviewee's privacy.

- 8. Besides your office at the facility, is there any other location at USDA where you spent a considerable amount of time?
  
- 9. Who, if anyone, did you have close contact with at this facility? Close contact is defined within 6 feet of another person for a cumulative total of 15 minutes or more over a 24-hour period.

Name	Location of contact	Person's email (if known)	Person's phone number (if known)	Were you wearing a mask? (Y/N)

- 10. Did you visit any other common areas (such as, the cafeteria, snack shops, vending machines, gym, or stores) while at the facility? If yes, which establishment or location and how long were you there? (Note if you were wearing a mask.)
  
- 11. Who is your point of contact in the event of an emergency?
  - a. Name:
  
  - b. Email :
  
  - c. Phone number:
  
- 12. Is there anything else we should be made aware of?

## **Privacy Act Statement**

**Authority:** We are authorized to collect the information requested on this form pursuant to Executive Order 13991, Protecting the Federal Workforce and Requiring Mask-Wearing (Jan. 20, 2021), Executive Order 12196, Occupational Safety and Health Program for Federal Employees (Feb. 26, 1980), and 5 U.S.C. chapters 11, and 79.

**Purpose:** This information is being collected for the purpose of maintaining and ensuring a healthy workforce at USDA. The information is necessary to identify individuals in the workforce who are COVID-19 positive and to notify individual who may have been exposed or who were in close contact with the COVID-19 positive individual. This will help prevent the spread of COVID-19 and promote the safety of Federal buildings and the Federal workforce consistent with the above-referenced authorities.

**Routine Uses:** While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally. A complete list of the routine uses can be found in the system of records notice associated with this collection of information, OPM/GOVT-10, Employee Medical File System of Records, 75 Fed. Reg. 35099 (June 21, 2010), amended; USDA/OSEC-01, USDA Personnel Public Health Emergency Records System, 86 FR 61747 (November 08, 2021); USDA/OSEC-02 Contractor and Visitor Public Health Emergency Records, 86 FR 62142 (November 09, 2021).