



Div. of Transportation Systems Development
PO Box 7965
Madison, WI 53707-7965

Tony Evers, Governor
Craig Thompson, Secretary
Internet: www.wisconsin.gov

Contractor/Subcontractor Employee COVID-19 Reporting Form

Please complete as separate form for each project
and email it to the DOT Project Manager

Firm/Subconsultant Name, Address, Contact Name, and Contact Information (phone, email)	
Please indicate the initial date you believe the potential exposure to COVID-19 may have occurred.	
Please indicate the end date you believe the potential exposure to COVID-19 may have occurred.	
If you have reason to believe an employee has contracted COVID-19 specify the basis for this belief (e.g., employee has tested positive, employee is exhibiting symptoms).	
If you have reason to believe an employee has been exposed to someone who has contracted COVID-19 specify the basis for this belief (e.g., employee's immediate family member has tested positive, employee traveled to a Level 3 country or an area of sustain community transmission in the last 14 days).	
Indicate whether the employee has been directed to remove him/herself from the project site.	
Identify the DOT project on which the employee was performing work. (Complete a separate form for each project and Include the DOT project number, name, and roadway.)	
Identify the specific locations on the job site or in-person meeting the employee was performing work.	
Indicate whether the employee worked in close proximity with any DOT or other state representative employees on the project.	
Please provide any other information you believe may be relevant to DOT regarding potential state employee or general public exposure to COVID-19.	