



Legionnaires' Disease

Appendix III:B-2. Sample Information to be Obtained by Interview with Employees Calling in on Sick Leave

Interviewer: _____ Date: ____/____/____

SUPERVISOR SURVEY FORM

We are screening employee illnesses as a result of our Legionnaire's disease incident. You are not obligated to participate in the survey, but your participation will help you and your fellow workers.

We recommend that you see a physician if you currently have pneumonia-like symptoms such as severe chills, high fever, a cough, and difficult breathing.

Are you currently experiencing these symptoms?

Yes _____ No _____ Prefer not to answer _____

- If the answer to the question is "No," do not complete the rest of this form. Thank you for your cooperation.
- If the answer is "Yes," please read the statement below and complete the bottom half of this form (Employee name, etc).
- If you answer is "Prefer not to answer," please complete ONLY the bottom half of this form (Employee name, etc).

STATEMENT

You will be contacted by _____ to obtain additional information necessary to complete our survey. Thank you!

Employee's Name (please print): _____

Work Telephone Number: (____) _____

Home Telephone Number: (____) _____

Shift: Day ___ Swing ___ Graveyard ___ Rotating ___

Branch: _____ Organization Code: _____

Employee's Supervisor (please print): _____

Telephone Number: (____) _____

Date: ____/____/____

PLEASE FORWARD TO _____ BY 10:00 am EACH DAY

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