Sample WC Carrier Investigative Questions

1. Employer/Employee relationship:
   a. Is the injured worker an employee or independent contractor?
      i. If an employee, proceed to question (2)
      ii. If not an employee, is the claimant an independent contractor?
         § If yes, what are the terms of the contract?
           a. Date contract signed, date hired based on the contract, intermittent work or solely
              contracted with customer / insured.
         § Outline job duties:
         § Does the independent contractor provide concurrent services for any other employer?
            (if yes, list names/dates/type of work)
         § Are work/duties directed by employer?
         § Does the independent contractor have WC policy/coverage?
         § Move to question (2)

2. State or country of hire:
3. Date of hire:
4. Residence (city/state/country):
5. Location where work performed:
6. Length of time in location:
7. Provide complete job description for the injured worker:
   a. Provide description of specific work duties over past 30 days to include access to
      employee calendar and/or itinerary, direct supervisor assignment log, etc.:
8. Supervision of duties – who provides direction:
9. Establish if there was any direct contact with a symptomatic, infected or exposed person:
   a. This would include blood, secretions, exposure to objects that have been
      contaminated with the virus, or close personal contact where airborne exposure may
      have occurred.
   b. Develop timeline for when exposures occurred or may have occurred:
   c. Assess any contact with a source person, to include any and all contacts (such as at
      work, community, family and/or friends):
   d. Source person is one who has had symptoms of fever or cough or who may have
      recently traveled internationally or within the US to areas of higher prevalence of
      COVID-19.
   e. If yes, determine the following:
      i. Source with medical symptoms or source who traveled recently:
      ii. If source who traveled, determine when, how and where:
      iii. If source has medical symptoms, detail those symptoms and obtain test status:
         1. Did they test positive or negative for COVID-19?
         2. Dates & results of testing over time:
      iv. What is the relationship to this source/contact individual?
         1. Include if through work, family, friend, or community:
      v. Date & duration of contact with source:
      vi. Location of contact with source:
      vii. Closeness/proximity of contact (eg. same building, house, room, flight, or other)
10. Date of the employee’s first symptom & timeline for course of illness:
11. Outline the symptoms this individual had or is having currently:
12. Has diagnosis has been confirmed with a test:
13. Provide details about test results and dates:
14. Outline medical treatment:
15. Location where treatment has been provided:
16. Any video surveillance depicting conditions where exposure may have occurred:
17. Assess personal health information where relevant – any information available for underlying medical condition or treatment which might impact prognosis or recovery:
18. Information regarding prior or concurrent employers and exposures: