

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: