

David P. Grey – Ret.
Robert E. Grey
Brian P. O’Keefe
Daniel A. Dutton
Alissa P. Gardos
Sherman B. Kerner
Sanjai Doobay



Reply to:
360 Main Street
Farmingdale, New York 11735
Tel: (516) 249-1342
Fax: (516) 586-8579
www.GreyandGrey.com

Ronald L. Epstein
Peter Tufo
Steven D. Rhoads
Evelyn F. Gross
Andra Fraiberg-Vetro
Stuti Desai
Stuart S. Muroff
Maribel Gomez
Atasha Mahabir

COVID-19 EXPOSURE FORM

1. My name is: _____, I reside at the following address:

_____,
my regularly assigned work location is:

_____,
and my telephone number is: _____.

2. While working at: my regularly assigned work location other location (below):

Specific place and address of exposure (Ex: Elevator of The Marriott Brooklyn Bridge, 333 Adams Street, Brooklyn, NY 11201)

in the capacity of a: _____ for: _____
Job Title Employer Name

on the date of: _____ at: _____
Date of Exposure (mm/dd/yyyy) Time of Exposure (Ex: 1:00 pm)

I was in the immediate physical presence of and exposed to:

First and last name of person exhibiting COVID-19 symptoms, if known. Describe person if name is unknown.

who was exhibiting specific COVID-19 symptoms of:
 coughing wheezing difficulty breathing other:

upon information and belief, had tested positive for COVID-19. I know this because:

How you know the person exhibiting symptoms tested positive for COVID-19

NASSAU
360 Main Street
Farmingdale, NY 11735
(516) 249-1342
**By Appointment Only*

SUFFOLK*
646 Main Street
Port Jefferson, NY 11777
(631) 249-1342

QUEENS
118-35 Queens Boulevard
Suite 1505
Forest Hills, NY 11375
(718) 268-5300

MANHATTAN
111 Broadway
Suite 809
New York, NY 10006
(212) 964-1342

BRONX*
305 East 149th Street
Second Floor
Bronx, NY 10451
(718) 268-5300

WESTCHESTER*
300 Hamilton Avenue
Suite 209
White Plains, NY 10601
(914) 984-2292

3. The work-related relationship of the person above is:

customer client coworker tenant other:

employee of:

Employee's Employer Name

subcontractor of:

Subcontractor's Employer Name

4. This described exposure occurred:

at the direction of: _____

First and last name of person (supervisor, etc.) directing you at the time

as part of my regular duties which include:

Describe the regular job duty(ies) you were performing at time exposure occurred.

Signed: _____

Dated: _____