

**COVID-19 CONFIDENTIAL INITIAL QUESTIONNAIRE**

1. Full Name: \_\_\_\_\_
2. Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Telephone or Cell Nos.: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Are you over the age of 18: Yes \_\_\_\_ No \_\_\_\_
6. Are you willing to be a plaintiff? Yes \_\_\_\_ No \_\_\_\_
7. Were you a customer or guest of a store where someone else tested positive for COVID-19? Yes \_\_\_\_ No \_\_\_\_
8. Have you tested positive for COVID-19? Yes \_\_\_\_ No \_\_\_\_
9. When? \_\_\_\_\_
10. How and where were you tested? \_\_\_\_\_  
\_\_\_\_\_
11. If you were a customer or guest of a store where you believe you were exposed to COVID-19, what store and location were you exposed to COVID-19?  
\_\_\_\_\_  
\_\_\_\_\_
12. Where are you employed? \_\_\_\_\_  
Address: \_\_\_\_\_
13. How long have you been employed? \_\_\_\_\_
14. Did the store or your employer provide you with protective equipment?  
Yes \_\_\_\_ No \_\_\_\_ [explain in detail what type of equipment]  
\_\_\_\_\_  
\_\_\_\_\_
15. When did your employer provide you with protective equipment? \_\_\_\_\_

16. What was your employer's policy for social distancing for customers or guests?

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**PRODUCTION OF DOCUMENTS**

Please provide copies with this Questionnaire of any evidence you have showing you were tested for COVID-19.

Please note that you must preserve and retain all paper files and electronically stored information ("ESI") related to this case. Failure to preserve information (whether paper or electronic) could result in sanctions being imposed by the court for spoliation of evidence.

Once completed, please return to:  
Robin Hester  
FEDERMAN & SHERWOOD  
10205 North Pennsylvania Avenue  
Oklahoma City, OK 73120  
Fax: (405) 239-2112  
Email: rkh@federmanlaw.com

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