

CONFIDENTIAL INFORMATION

COVID-19 POSITIVE CASE REPORT

EMPLOYEE/CHILD NAME: _____

DATE OF BIRTH: _____

COUNTY OF RESIDENCE: _____

RACE: _____

ETHNICITY: _____

GENDER: _____

CELL NUMBER: _____

OFFICE LOCATION (ADDRESS, BUILDING AND OFFICE NUMBER):

TEST DATE: _____

LAST DAY WORKED/LAST DAY IN THE BUILDING: _____

DISPLAYED SYMPTOMS: YES _____ NO _____

DID THEY HAVE CONTACT WITH OTHER CO-WORKERS? YES ____ NO ____

DID THEY HAVE CONTACT WITH THE PUBLIC? YES ____ NO ____

WERE THEY WEARING A MASK? YES ____ NO ____

NAMES AND CELL PHONE NUMBERS OF THOSE WHO THEY MAY HAVE COME IN CONTACT WITH:

NAME

CELL PHONE NUMBER
