**COVID-19 Workplace Case and Contact Reporting Form**

**Please use this form to report a confirmed or suspected COVID-19 case in the workplace, and any associated contacts. Please complete a separate form for each employee.** In accordance with [**HIPPA Privacy and Security Rules**](https://www.hhs.gov/hipaa/index.html), all information you provide in this form will remain confidential; the information you provide will not impact immigration status.

**Fax Completed Form to 530-934-6463**

**Reporter Information**:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Information**:

Employee Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksite Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Date Employee was at Worksite: \_\_\_\_\_\_\_\_\_\_ Total Number of Employees at Worksite: \_\_\_\_\_\_\_\_

Number of Employees in Work Area: \_\_\_\_\_\_ Number of Employees on Same Work Shift: \_\_\_\_\_\_\_\_\_

Did the Employee Experience COVID-19 Symptoms? (Circle One) Yes No Unknown

Was the Employee Tested for COVID-19? (Circle One) Yes No Unknown

**Close Contact(s) at Workplace-**

A “close contact” is considered someone who stayed within 6 feet of a COVID-19 infected person for more than 15 minutes after that person was diagnosed, or up to two days before that person first developed symptoms. This applies even if both people are wearing a face covering, mask, or an N95 respirator.

Close contact can also take place during brief interactions where there is unprotected direct contact with the COVID-19 infected person’s body secretions (e.g., sneezing, coughing, sharing utensils, exchanging saliva). Cumulative exposures that add up to 15 minutes within a day may be considered close contact depending on intensity of exposure (e.g., if the person had multiple interactions in a confined space with a symptomatic COVID-19 infected person).

Do you have any close contacts to report? (circle one). YES NO