

## North Central Health District COVID-19 Positive Employee Report

### Employee Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Date Last Worked:** \_\_\_\_\_

**Date of COVID-19 Test:** \_\_\_\_\_  Employee not tested

Type of COVID-19 test (PCR, rapid, antibody, etc.): \_\_\_\_\_

Testing location: \_\_\_\_\_

**Date symptoms began:** \_\_\_\_\_  Employee not experiencing symptoms

Personal protective equipment used:  None  Cloth face covering  Medical-grade surgical mask

N-95 mask  Face shield  Goggles  Gloves  Tunic  Other: \_\_\_\_\_

### Close Contacts

*Employees, volunteers, visitors or patients who were less than 6 feet apart for 15 minutes or more, masked or unmasked.*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has this person had COVID-19 within the past 3 months?  No  Yes

If yes, date of symptoms; if no symptoms, date of positive COVID-19 test: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has this person had COVID-19 within the past 3 months?  No  Yes

If yes, date of symptoms; if no symptoms, date of positive COVID-19 test: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has this person had COVID-19 within the past 3 months?  No  Yes

If yes, date of symptoms; if no symptoms, date of positive COVID-19 test: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has this person had COVID-19 within the past 3 months?  No  Yes

If yes, date of symptoms; if no symptoms, date of positive COVID-19 test: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has this person had COVID-19 within the past 3 months?  No  Yes

If yes, date of symptoms; if no symptoms, date of positive COVID-19 test: \_\_\_\_\_

**Report date:** \_\_\_\_\_ **Taken by:** \_\_\_\_\_

**Email completed form to [nhd.epi@dph.ga.gov](mailto:nhd.epi@dph.ga.gov)**