

Protocol for Positive COVID-19 Diagnosis: Employee

Employee name: _____

Program/agency: _____

Date of positive COVID-19 diagnosis: _____

Date of first symptoms: _____

Physical location(s) frequented since the onset of symptoms: _____

Potentially affected co-workers: _____

Potentially affected persons served: _____

Has employee consented to being identified as COVID-19 positive for purposes of follow-up with those exposed:

Yes No If yes, date consent obtained: _____

Has the Health Department been notified of COVID-19 positive diagnosis? Yes No;

Date notified, if known: _____

Employee quarantine time period per health care provider: _____

Action taken by employer (attached additional pages as necessary): _____

Original: Human Resources