

## BUSINESS REPORTING COVID-19 POSITIVE CASE

Please use this form to report COVID-19 positive employees/individuals to the Lenawee County Health Department. **Fax to 517-264-0790.** You will be contacted within 1 business day by the Lenawee County Health Department after submitting this form. Please type.

**Please complete a separate form for each COVID positive individual you are reporting for your facility.**

1. Today's date:

2. Please provide the following information **about this business/location**:

Name of Business:	Address:
Normal Hours of Operation:	

3. Given personal health information that will be provided, the business point of contact should be a manager or human resources contact. It should not be a co-worker. Please provide the following information **about the business point of contact**:

Business Point of Contact's Full Name:	Business Point of Contact's Phone Number:
Business Point of Contact's Title:	Business Point of Contact's Email:

4. Including the employee(s) you will be reporting today, how many employees at this business have tested positive for COVID-19 in the past 2 weeks?

5. Number of employees at this business/location per day:

6. Type of Business/Location:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>Congregate living (long term care, senior living facility, group home)</li> <li>Daycare</li> <li>Grocery</li> <li>Gym</li> <li>Manufacturing</li> <li>Medical/Dental</li> <li>Office</li> </ul> | <ul style="list-style-type: none"> <li>Personal Services (Hair/nail salon, tattoo/piercing/permanent makeup, etc.)</li> <li>Restaurant</li> <li>Retail</li> <li>School (K-12)</li> <li>University</li> <li>Government</li> <li>Other (Write in):</li> </ul> |
|--|---|

7. Please provide the following about the **COVID-19 Positive Employee:**

Name (First and Last):		Personal Phone Number:	
Date of Birth:		Email:	
Address:		County of Residence:	
Date Employee was Tested:	Date Employee Received Positive Result:	Date Employee Last Worked:	

8. Individuals are considered contagious 2 days before symptom onset or, if asymptomatic (no symptoms), 2 days before they are tested.

Please list the dates and times employee worked while considered contagious.

9. Have you already talked with anyone at Lenawee County Health Department about this possible workplace exposure? If so, who did you talk to and on what date?

10. Please share the steps your business has already taken in response to being notified about this positive employee, such as sending exposed staff (close contacts) home to quarantine, cleaning/disinfecting the facility, notifying employees/guests, closing the facility, etc.

11. Please share close contact information on the following pages.

**Close Contacts Identified at the Workplace**

What counts as close contact?

- You were within 6 feet of someone who has COVID-19 for at least 15 minutes (cumulative)
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

**Close contacts during the dates listed in question 8:**

**Contact 1**

Name	Date(s) of Contact	Contact’s Phone	Contact’s Email

Description of contact (location, duration, and type of contact)

**Contact 2**

Name	Date(s) of Contact	Contact’s Phone	Contact’s Email

Description of contact (location, duration, and type of contact)

**Contact 3**

Name	Date(s) of Contact	Contact’s Phone	Contact’s Email

Description of contact (location, duration, and type of contact)

<b>Contact 4</b>			
Name	Date(s) of Contact	Contact's Phone	Contact's Email
Description of contact (location, duration, and type of contact)			

<b>Contact 5</b>			
Name	Date(s) of Contact	Contact's Phone	Contact's Email
Description of contact (location, duration, and type of contact)			

<p>Please share any other information that could be helpful for Lenawee County Health Department to know at this time.</p>