

# Covid-19 Employee Case Report Form

Employee ID:

Name:

Phone Number:

Email:

Date of Positive Test:

Symptom Onset:

Last Date on Campus:

Courses Instructed in Person:

[illegible]

### Campus Close Contacts:

\*The Centers for Disease Control defines a Close Contact as someone who was within 6

feet of an infected person for at least 15 minutes within a 24-hour period.

[illegible]

## Notes