

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:

Course ID	In-Person Date	Location

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.

Name	Date of Contact	Phone Number/Email

Notes