



Or upon information and belief, that this person was (choose all that apply):

Confirmed COVID-19 Positive (Asymptomatic)

Confirmed COVID-19 Positive (Symptomatic)

Had tested positive for COVID-19

I know this because:

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*(How you know the person tested positive for COVID-19)*

3. The work-related relationship of the person above is:

patient      client      coworker      tenant      other: \_\_\_\_\_

employee of: \_\_\_\_\_      subcontractor of: \_\_\_\_\_  
(Employees' employer name)      (Subcontractor employer name)

4. This described exposure occurred:

at the direction of: \_\_\_\_\_  
*(First and last name and title of person/supervisor, etc. directing you at the time)*

as part of my regular duties which include:

\_\_\_\_\_

as part of my special assignment duties which include:

\_\_\_\_\_

*(Describe the regular job duty(ies) you were performing at time exposure occurred)*

5. REPORTING INFORMATION

I filed an incident report number for the abovementioned occurrence.      Yes      No      Incident

Report Number & Date Filed \_\_\_\_\_

I filed with the Accident Reporting System (ARS) .      Yes      No

ARS Number & Date Filed \_\_\_\_\_

6. NOTES (please include if you developed symptoms and when, if you received a COVID positive test result, and any other information you feel is necessary (use another page if needed).

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_