

## COVID-19 Positive Test Notification

Email report to: [Risk.Management@ventura.org](mailto:Risk.Management@ventura.org)

Questions: (805) 654-3197 – voice mail messages will be returned as soon as possible

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

Supervisor Name, Email Address, and Phone Number:

\_\_\_\_\_

Has employee expressed interest in filing a workers' compensation claim? YES / NO

Date supervisor learned of the COVID-19 positive test: \_\_\_\_\_

Date of COVID-19 test: \_\_\_\_\_

Date employee last worked before COVID-19 test taken: \_\_\_\_\_

Did employee work at a County facility at any time within 14 days of the COVID-19 test?

YES / NO – if NO, skip the next two questions

Specific work location(s), including name and address, where employee worked for the 14 days before the COVID-19 test.

\_\_\_\_\_

\_\_\_\_\_

Maximum number of employees working at that/each location within 45 days of the testing.

\_\_\_\_\_

Report Prepared by: \_\_\_\_\_ Phone: \_\_\_\_\_