

COVID-19 BUSINESS REGISTRATION OUTBREAK FORM

Today's Date:	
Business Name:	
Address:	
Type of Business:	
NAICS Business Code (click on this link to search for code)	
EXPOSURE INFORMATION	
Date of First Exposure:	
Date of Last Exposure:	
Total Number of Positives for COVID-19:	
Total Number of Close Contacts:	
Total Number of Employees at Worksite:	
Business Environment:	Outdoor Indoor
Contact Tracing Results:	Community Spread Work Spread
REPORTER'S INFORMATION:	
First and Last Name:	
Phone Number:	
Email Address:	
<p><i>*Once this form is submitted, you will be contacted by VCPH to provide further guidance. Include Business Name in the subject line when submitting via email.</i></p>	

If Submit Form button doesn't generate an email, please download this form and email directly to covidbusiness@ventura.org