Updated 5/31/22

Worksite COVID-19 Positive Case or Exposure Report Form
(Must be completed by Supervisor)

Employee's supervisor must complete this form within 24 hours of receiving information that an employee has had a ***POSITIVE COVID TEST*** or has been ***EXPOSED*** to someone with COVID-19 or a positive test. Please attach and email completed form to countyemployeecovid@masoncountywa.gov.
Guidelines are different for congregated settings, please contact our COVID Team at our local Public Health department extension 588 for further guidance.

Employee Name: _____ Date of Birth: _____

County Department: _____

Personal Cell: _____ Email: _____

Work Phone: (360) 427-9670 Ext. _____ Work Cell: _____

Employee Status: Full Time ☐ Part Time ☐

You are considered to have been exposed or a close contact if you have been within 6 feet of a person who tested positive for COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period. For example: *three individual 5-minute exposures for a total of 15 minutes in 24 hours.*
Exposure dates: *2 days prior to the COVID-19 positive person experiencing symptoms and continuing through 10 days after symptoms started.*

Date of Possible Exposure to a positive case: _____
OR
Date of Positive COVID-19 Test: _____

Rapid Antigen ☐ PCR Test ☐
Location of Exposure to positive case: Exposed at work ☐
Exposed outside of work ☐

Is employee Fully Vaccinated* When was the last dose: Yes ☐ No ☐
Fully vaccinated employees have been boosted **OR completed the primary series of Pfizer or Moderna vaccine within the last 5 months **OR** completed the primary series of J&J vaccine within the last 2 months*
Do you have ***ANY*** of the following symptoms: Yes ☐ No ☐ (**Mark all that apply**)

Runny &/or stuffy nose		Fever/High Temperature		Shortness of Breath	
Sore Throat		Cough		Nausea/Vomiting	
Headache		Chest Congestion		Diarrhea	
Fatigue/Tiredness		Loss of Taste or Smell		Muscle Pain	

Date symptom(s) first occurred: _____

Supervisor Name: _____

Supervisor Work Cell: _____ Ext. _____

Supervisor Signature: _____ Date: _____
(*Electronic signature accepted)*