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| --- | --- |
| Employee Name: | Position:  |
| **Presumptive (date of testing) or Positive:**  |
| Location: BM/GM: Location Phone Number: | Region: RVP: SVP:  |
| Last day on premises:  |
| Summary: **[insert brief recap]*** **When did he/she first exhibit symptoms?**
* **What kind of symptoms is he/she experiencing?**
* **List of employees they had close contact as defined by the CDC:**
* **Any customer close contact with as defined by the CDC?**
* **Any relevant additional information we should be aware of?**
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| **Actions Taken:** |
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