|  |  |
| --- | --- |
| 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?** | |
| **Actions Taken:** | |
|  | |