COVID-19 Illness Notification

Use this form to report any worker on the job site that exhibits illness or COVID-19 exposure.

Permit Number if Applicable: ____________________________ Site Address: ____________________________

Company: ____________________________

Contractor or Service Owner’s Name: ____________________________ Contractor/Owner Phone: ____________________________

COVID Supervisor Name: ____________________________ Supervisor Phone: ____________________________

Date: ____________________________

__________________________ was released from work on __________ due to COVID-19 exposure, or illness with the following symptoms:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Workers may return to work consistent with CDC guidelines: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html