

COVID-19/Novel Coronavirus **CONFIRMED CASES - PLEASE LIST ALL AFFECTED EMPLOYEES ON THIS FORM**
CALL COBB & DOUGLAS PUBLIC HEALTH. Ph: (770-514-2432) fax: 770-514-2313

Facility Name: _____

Date: _____

Name (Last name, 1 st name)	DOB	Race/Ethnicity	Home Address	Phone Number (preferably cell phone)	Symptoms (e.g., FE w/ temp, C, SOB)	Start Date/Time (Onset)	End Date/ Time	Last Date(s) Worked
Ex. #1 Jane Doe	12/23/44	B/NH	456 Blue Street Austell GA 45678	235-456-7894	unknown			05/28/20-06/01/20
Ex #2 Mary Reid	11/25/75	W/H	456 Green Street Acworth GA 75896	568-862-7345	No symptoms			06/01/20-06/05/20

*Legend: FE=Fever C=Cough SOB=Shortness of breath ST=Sore throat
 NH=Non-Hispanic H=Hispanic

COVID-19/Novel Coronavirus CLOSE CONTACTS - PLEASE LIST ALL AFFECTED EMPLOYEES ON THIS FORM
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Ex. John Smith	01/23/45	123 XYZ St Marietta GA 12345	654-456-7777	F 101	06/01/20	Ongoing	Work w/ employee #1 on 05/29, 4hr shift, less than 6ft, Y

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