



Employee COVID-19 Support Form

Note: All personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee required medical records will be kept confidential unless disclosure is required or permitted by law. Unredacted information on COVID-19 cases will be provided to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH) immediately upon request, and when required by law.

To send this form securely to the SBCC Risk Management department please use [this Sharefile link: https://sbcc.sharefile.com/r-r1d4585e34e8b4572ae70a234dba1cac9](https://sbcc.sharefile.com/r-r1d4585e34e8b4572ae70a234dba1cac9)

The form will be stored in a HIPAA-compliant software platform.

Please mark what applies and fill out and submit the "Employee Section" of this form if in the last 10 days you:

- have tested positive for COVID-19
- have been in close physical contact with a person who have tested positive or has any [COVID-like symptoms](#) or part of an [exposed group](#)
- have been experiencing any of the [COVID-like symptoms](#)

EMPLOYEE SECTION:					
I would like to notify you that I					
Full Name:		K#:		Occupation:	
Preferred Contact Info:		Phone:		E-Mail:	
<input type="checkbox"/>	tested positive for COVID-19	Date:		Date Notified of the Result:	
<input type="checkbox"/>	have been in close physical contact with a person who have tested positive or has any COVID-like symptoms or part of an exposed group			Date:	
<input type="checkbox"/>	Have been experiencing symptoms of COVID-19			Start Date:	
Last Date on SBCC campus/class/work location:			List all known "Close Contacts" below - employees, independent contractors, employees of other org.		
Note: List only locations where you spend cumulative 15 minutes or more and close contacts that you have met on campus/work location only. Do not list locations where you passed momentarily without spending significant time.					
Location:		Time:		Close Contacts:	
Location:		Time:		Close Contacts:	
Location:		Time:		Close Contacts:	
Location:		Time:		Close Contacts:	
Location:		Time:		Close Contacts:	
Additional Information: (use for any important information not captured in the form – use of PPE (if any), best time to contact, work-related close contacts not mentioned above, etc.)					
EMPLOYER SECTION – CONTACT TRACING:					
Date Notification Received:		Date Employee Contacted:		Contact Tracer:	
CT Notes:					
EMPLOYER SECTION – HUMAN RESOURCES:					
Date Employer-Sponsored COVID-19 Testing Offered to the Employee:				Provider:	
Notes – employee follow through:					
Record of Close Contact Notifications					
Name	Contact Info	Date Notified	Date C-19 Testing Offered - Employees Only		
Summary Notice (employees, employers, independent contractors) during the infectious period & regardless of close contact occurring.					
Where Sent/Posted/Submitted:			Date notified:		
Where Sent/Posted/Submitted:			Date notified:		