

COVID-19 Positive Case Reporting Form for “Outbreak” Tracking

Do not provide personally identifiable information of the positive tested employee, unless the employee is claiming the infection is work-related or has filed a DWC-1 (employee’s claim form). If you fail to submit or submit false or misleading information, you may be fined up to \$10,000 by the California Department of Labor.

Upon completion, you must submit by email to COVID19@AFGroup.com or send by facsimile to 844-618-3636.

1. Policyholder name: _____
2. Policy number: _____
3. Employee number: _____
4. Report the name of the employee below if they have indicated their infection is work related or if they have filed a claim form. ***If the employee is not filing a claim, leave this field blank. If the employee is filing a claim, please be sure to report the claim through your normal claim-reporting channel (portal, fax, email, phone call) as well.*** _____
5. Date employee tested positive for COVID-19 (this is the date specimen is collected for testing): _____
6. Specific address or addresses of employee’s place(s) of employment during the 14-day period preceding the date of positive test.
Location 1: _____
Location 2: _____
Location 3: _____
7. Indicate the highest number of employees who reported to work at each specific place of employment in the 45-day period preceding the last day the employee worked at each specific location.
Location 1: _____
Location 2: _____
Location 3: _____

If you have more than three locations where your employee spends a portion of their work time, please add location information as needed along with employee count as described in question #7.

Completed by _____ Title: _____

Contact info: _____

Date completed: _____