**MANDATORY EMPLOYER REPORTING OF A POSITIVE COVID-19 TEST**

Please complete one report for each employee’s positive COVID-19 test.

The report can be emailed to reportaclaim@employers.com or faxed to 775-886-1725.

If you have any questions, please contact us at 888-682-6671.

**OVERVIEW:**

California Labor Code Section 3212.88(i) states that, “When the employer knows or reasonably should know that an employee has tested positive for COVID-19, the employer shall report to their claims administrator in writing via electronic mail or facsimile within three business days all of the following”:

1. An employee has tested positive. For purposes of this reporting, the employer shall not provide any personally identifiable information regarding the employee who tested positive for COVID-19 unless the employee asserts the infection is work related or has filed a claim form pursuant to Section 5401.
2. The date that the employee tests positive, which is the date the specimen was collected for testing.
3. The specific address or addresses of the employee’s specific place of employment during the 14-day period preceding the date of the employee’s positive test.
4. The highest number of employees who reported to work at the employee’s specific place of employment in the 45-day period preceding the last day the employee worked at each specific place of employment.

**POLICY INFORMATION:**

Policy Name, as written: Policy Name Policy Number: Policy Number

Primary Contact : Primary Contact Contact Email: Contact Email

Contact Phone #: Contact Phone # Contact Fax #: Contact Fax #

Number of Employees: Number of Employees Date: Date

**COVID-19 Positive Test Information**

Employee Identification Number: Employee Identification Number

* Do not include any personal identifiable information, i.e. name, SSN, DOB, address, etc.

Employee’s Last Date Worked: Employee's Last Date Worked

Positive COVID-19 Test Date: Positive Test Date

* Date the specimen was collected for testing. The test must be a PCR (Polymerase Chain Reaction) or a viral culture approved for emergency use by the U.S. Food and Drug Administration.

Date Employer was informed of the positive COVID-19 test result: Employer's Date of Notification

Specific address or addresses of the employee’s specific place of employment during the 14-day period preceding the date of the employee’s positive test: Address

Address

Highest number of employees who reported to work at the employee’s specific place of employment in the 45-day period preceding the last day the employee worked at each specific place of employment:

Address

Address

Signature: Signature

Print Name: Name

Date: Date