# Employer COVID-19 notification form

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| Workplace details | |
| Name |  |
| Address |  |
| Type of workplace |  |
| Phone number |  |
| Key workplace contact | |
| Name |  |
| Job title |  |
| Phone number |  |
| Email |  |
| Confirmed case details | |
| Name |  |
| Date of birth |  |
| Address |  |
| Phone number |  |
| Date of positive test |  |
| Date/time of symptom onset |  |
| Attended work during infectious period *(Yes/No)* |  |

Note: infectious period = 48 hours before symptom onset (for asymptomatic cases, taken as 48 hours prior to test date).