

Supervisor's Checklist for COVID-19 Positive Employee Case Management

Management information:

Name	
Phone 1	
Phone 2	
Email	
Position	

Employee information:

Full Name	
EIN	
Position	
Carrier-Route #, Plant-Tour #	
Employ Office	
Duty Station Address1	
Duty Station Address2	
Duty Station City	
Duty Station State	
Duty Station Zip	
Phone 1	
Phone 2	
Email	
Residence Address	
Residence City	
Residence State	
Residence Zip	

Current location: (check one)

Residence (Quarantine / Isolation)	
Hospital	
Hospital Name (if known)	

Documentation of confirmed positive diagnosis (check one)

Available & attached	
Not available	

Source of positive diagnosis notification: (check one)

Health Department (DOH)	
DOH Name (if available)	
Healthcare Provider	
Employee	
Employee Family Member (contact information)	

Employee Timeline	
Provide work schedule (TACS Reports) - 14 days	
Last Day worked	
First Day showing symptoms	
Days showing symptoms at work	

Possible Close Contact Employees (pre-investigation)	
List all employee name(s) who may have had had direct contact with employee:	
NAME	PHONE(S)