

SUSPECT COVID-19 CASE FORM

SEND THIS FORM TO: HRDCOVID19@TULARECOUNTY.CA.GOV

PLEASE NOTE: HR&D has a new email address and phone number for COVID-19.

You can reach us at HRDCOVID19@tularecounty.ca.gov or (559)636-4930.

This form is to be completed by the supervisor or designated person in the department regarding impacted employee and observations. Use this form for any employees who are symptomatic or who have had a confirmed or perceived exposure to COVID-19.

Date:	Employee Name:	Date of Birth:																						
Department:	Job Title:	Worksite:	Last Date Worked:																					
Telephone Number: Preferred: _____ Secondary: _____																								
Personal Email Address:																								
Supervisor:																								
<p>People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. People with these symptoms may have COVID-19:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Fever or chills</td> <td style="width: 33%;"><input type="checkbox"/> Sore throat</td> <td style="width: 34%;">Symptom Onset: _____</td> </tr> <tr> <td><input type="checkbox"/> Cough</td> <td><input type="checkbox"/> New loss of taste or smell</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fatigue</td> <td><input type="checkbox"/> Congestion or runny nose</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Headache</td> <td><input type="checkbox"/> Nausea or vomiting</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Shortness of breath</td> <td><input type="checkbox"/> Diarrhea</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Muscle or body aches</td> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Not Applicable</td> </tr> </table> <p><small>* Symptoms and isolation periods will be updated by the Tulare County Health and Human Services Agency as information becomes available following the emergence of a pandemic COVID-19 virus strain. Check www.tularehhsa.org.</small></p>				<input type="checkbox"/> Fever or chills	<input type="checkbox"/> Sore throat	Symptom Onset: _____	<input type="checkbox"/> Cough	<input type="checkbox"/> New loss of taste or smell		<input type="checkbox"/> Fatigue	<input type="checkbox"/> Congestion or runny nose		<input type="checkbox"/> Headache	<input type="checkbox"/> Nausea or vomiting		<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Muscle or body aches	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Not Applicable		
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Description:																								

Name, Job Title, and Phone Number of Reporter:

Preferred Follow-Up Contact Name, Job Title, and Phone Number:

For questions regarding this form or form submission, please reach out to the Human Resources and Development COVID-19 line at (559)636-4930. HR&D staff will follow up with each employee regarding their potential exposure and/or contact tracing.