



COVID-19 Positive Test Report

Please complete one report for each positive COVID-19 test. Submit by email to **COVIDREPORTING@Aims4Claims.com** or by fax to **(916) 563-1919**.

Note: This report does not generate a claim, nor does a claim qualify as a report. To submit a claim, please follow your internal reporting procedures.

Overview

If you are aware of an employee testing positive for COVID-19 on or after July 6, 2020, you must report it to your claims administrator (California Labor Code Section 3212.88).

- Positive COVID-19 test results on or from July 6, 2020 through September 17, 2020 must be reported to your claims administrator by October 29, 2020.
- Positive COVID-19 test results after September 17, 2020 require reporting within 3 business days of knowledge (or when it should reasonably have been known).

Employer information

Employer Name: _____

Number of employees: _____ Primary contact: _____

Contact phone: _____ Contact Email: _____

Fax: _____ Today's date: _____

COVID-19 test result information

Tracking Number: _____

This is an internal number you assign to track what has been reported. Do not include any Personal Identifiable Information (such as SSN, DOB, etc.) in this report.

Reported as Industrial: Yes No

Date of positive COVID-19 test: _____

This is the sample collection date. Test must be a Polymerase Chain Reaction (PCR) or other viral testing approved by the FDA. Serologic (antibody) testing is not a viable test.

Date employer notified of positive COVID-19 test result: _____

Date employee last worked before positive COVID-19 test result: _____

Employee work location

List **all** locations where employee worked at your direction during the 14-day period prior to the positive test result.

Location: Street address including suite and/or building number, city, state and zip code of work location.

Highest #: Highest daily number of employees at each location.

- If the positive test occurred on or after September 17, 2020, enter highest daily number of employees in the 45 days prior to last day the employee worked.
- If the positive test occurred between July 6, 2020 and September 16, 2020, enter highest daily number of employees during that timespan.

Ordered Closure: If a location was ordered to close by a local public health department, the State Department of Public Health, the Division of Occupational Safety and Health, or a school superintendent due to risk of infection with COVID- 19, who ordered the closure, and when.

Location	Highest #	Ordered Closure
		<input type="checkbox"/> No <input type="checkbox"/> Yes. Date of order: _____ Ordered by: _____
		<input type="checkbox"/> No <input type="checkbox"/> Yes. Date of order: _____ Ordered by: _____
		<input type="checkbox"/> No <input type="checkbox"/> Yes. Date of order: _____ Ordered by: _____
		<input type="checkbox"/> No <input type="checkbox"/> Yes. Date of order: _____ Ordered by: _____
		<input type="checkbox"/> No <input type="checkbox"/> Yes. Date of order: _____ Ordered by: _____
		<input type="checkbox"/> No <input type="checkbox"/> Yes. Date of order: _____ Ordered by: _____
		<input type="checkbox"/> No <input type="checkbox"/> Yes. Date of order: _____ Ordered by: _____

Name (Print): _____ Date: _____

Submit your report

Email your completed report to COVIDREPORTING@Aims4Claims.com or fax it to (916) 563-1919.