



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

Employee ID Number: _____

This is your internal ID number. 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.