

Employer's Report of Covid-19 Positive Tests

Instructions:

1. Complete one (1) form for each employee who had a positive Covid-19 test.
2. If the employee claims that the illness is work-related, complete this form but please ensure that you also submit a claim through the new claim reporting process. Information submitted through this form will not create a new claim.
3. DO NOT include any personally identifiable information (PII) on this form.
4. Email completed forms to: ESIS_Covid19_Reports@esis.com

A. Employer Name: _____

B. Employer-assigned Reference Number. This may be an employee ID number or other number assigned by the Employer. DO NOT use social security numbers, date of birth, or any other personally identifiable information.

C. The date the employee tested positive, which is the date that a specimen was collected for testing.

(mm/dd/yyyy)

D. Fill out the table below.

- “A specific place of employment” means the building, store, facility, or agricultural field where an employee performs work at the employer’s direction. “A specific place of employment” does not include the employee’s home or residence, unless the employee provides home health care services to another individual at the employee’s home or residence.
- For positive test dates between 7/6/20 and 9/16/20, include The highest number of employees who reported to work at each of the employee’s specific places of employment on any given work day between 7/6/2020 and 9/17/2020.
- For positive test dates on or after 9/17/20, include the highest number of employees that reported to work on any given workday within the 45-day period from employee’s last date of work for each address.

Address(es) where employee worked during the 14 days preceding the positive test	Highest number of employees who reported to work at each address during the applicable period (see above)

E. Employer Representative completing this form: _____