



**COVID-19 Tracking Form**  
**Complete this form on all COVID Related Matters (W.C. and Non-Occupational)**

- Instructions (Complete Form and email to [Chehner@cfsa.org](mailto:Chehner@cfsa.org).
- When employee claims COVID-19 exposure is work related or employee falls under industrial presumption, provide DWC-1 Form within 24 hours and report claim to CFSA as you normally would by completing Employer’s First Report of Injury and following your normal reporting process in addition to completing and providing this form to CFSA.
  - Per SB 1159, all non-industrial positive COVID-19 incidents must be reported to CFSA within 3 business days. Assign a unique source number to your employee and track the employee information confidentially. Do not report any PII information to CFSA.

**INSURED/EMPLOYER INFORMATION**

<b>1. Insurer/Carrier:</b>	California Fair Services Auth.	<b>2. Insured/Employer:</b>	
<b>3. Occurrence Address:</b>			

**EMPLOYEE & EXPOSURE INFORMATION**

<b>4. Employee (Provide name if employee is filing a WC claim otherwise leave it blank)</b>			
<b>5. Source Number:</b>		<b>6. Positive Test Date (when specimen was collected):</b>	
<b>7. Insured’s Date of known exposure:</b>		<b>8. Insured’s Date of known Positive Test:</b>	
<b>9. Employee Last Day Worked:</b>		<b>10. Date employee returned to work:</b>	
<b>11. List the specific address of employee’s specific location of employment during the 14 day period preceding the positive test date. (Use Page 2 if EE worked at more than one location w/in 14 days of the positive test.)</b>			
<b>a. Date</b>			
<b>b. Location Address</b>			
<b>12. Has this location ever had an outbreak or ordered to be closed? (If Yes, please provide date &amp; details)</b>			
<input type="checkbox"/> No		<input type="checkbox"/> Yes	
<b>13. # of Employees with Positive Tests in the last</b>		<b>14. # of Highest Employee Count at Occurrence Location in the last 14</b>	

<b>13. # of Employees with Positive Tests in the last 14 days at Occurrence Location:</b>		<b>14. # of Highest Employee Count at Occurrence Location in the last 14 days preceding Employee's last day worked:</b>	
<b>15. Total Employee Count at this specific location on date of positive test:</b>		<b>16. # of Highest Employee Count at Occurrence Location in the last 45 days preceding Employee's last day worked:</b>	
<b>17. Provide source of infection. If non-industrial, explain the reason and provide pertinent information to help assess compensability (example: spouse is a healthcare worker who contracted COVID)</b>			

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**Reported/Completed by and Telephone #**

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**Date**

Use this page if Employee worked at more than one location within 14 days of the positive test.

*\*add additional lines if necessary*

Dates:	Address of location of employment:	# of Employees with Positive Tests in the last 14 days at Occurrence Location:	# of Highest Employee Count at Occurrence Location in the last 14 days preceding Employee's last day worked:	Total Employee Count at this specific location on date of positive test:	# of Highest Employee Count at Occurrence Location in the last 45 days preceding Employee's last day worked:

**Please note:**

- CFSA will collect the data as required under SB 1159 and use the data to determine compensability based on the rebuttable presumption using the data you reported on this form. It is every employer's responsibility to report an outbreak to the local Department of Health Services.

- An employer or other person acting on behalf of an employer who intentionally submits false or misleading information or fails to submit information when reporting is subject to a civil penalty in the amount of up to ten thousand dollars (\$10,000) to be assessed by the Labor Commissioner.
- When an employee reports a positive COVID test, confirm in writing when and how the employee contracted COVID and the source of exposure.
- Once an outbreak for a specific location is determined, provide a claim form and complete the FROI.