



# COVID-19 Positive Test Report

Please download and complete one report for each positive COVID-19 test. Submit by email to [COVID@scif.com](mailto:COVID@scif.com) or by fax to (800) 325-1284.

Note: This report does not generate a claim, nor does a claim qualify as a report. To submit a claim, please log on to [www.StateFundCA.com](http://www.StateFundCA.com) or fax completed [Employee Claim Form \(DWC-1\)](#) and/or [Employers' First Report of Injury](#) to (800) 371-5905. Call (888) 782-8338 for more information.

## 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 between July 6, 2020 and September 16, 2020 must be reported to your claims administrator by October 29, 2020.
- Positive COVID-19 test results on or after September 17, 2020 must be reported to your claims administrator within 3 business days of knowledge (or when it should reasonably have been known).

## Policy information

Policy name  
(as written on policy): \_\_\_\_\_ Policy #: \_\_\_\_\_

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.

\_\_\_\_\_

### 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:

\_\_\_\_\_

### Has a worker's compensation claim been filed for the employee?

No

Yes. Claim #:

\_\_\_\_\_

## Employee location record

List **all** locations where employee worked at your direction during the 14-day period prior to the positive test result (include building, store, facility, or agricultural field where the employee worked).

**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 time span.

**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 [COVID@scif.com](mailto:COVID@scif.com) or fax it to (800) 325-1284.