California COVID-19 data reporting							
	Employer name:		Policy number:				
Date sent to carrier:	Employee: (Only include name if the employee is alleging a work-related exposure)	Has a workers' compensation claim been filed?	Date test specimen was collected:		The highest number of employees who worked at this location in the 45 days prior to the last date this employee worked there:	Address of location where employee worked during the 14 days preceding the positive test collection date (2):	The highest number of employees who worked at this location in the 45 days prior to the last date this employee worked there: