APPENDIX B **Exposure Line List**

Complete the following form to report more than 6 COVID-19 exposures in non-healthcare or non-residential congregate settings. Use additional sheets, if necessary.

Please email or fax to:

Email: phepireport@co.imperial.ca.us Fax: (442) 265-1477

GENERAL INFORMATION

Workplace Location:			
Number of Confirmed COVID-19 Cases:			
Number of Close Contacts Potentially Exposed:			
Total # of People at Workplace on Exposure Date:			
Exposure Date(s):			
Line List of Exposed			
Last Name, First Name	DOB	Occupation / Shift / Days Worked	Exposed to Case #
	For Pu	blic Health Use Only	
Reviewed By:		Date reviewed: / /	