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:	Address of location where employee worked during the 14 days preceding the positive test collection date (1):	employees who worked at this location	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 between 07/06/20 and 09/17/20: