



COVID-19 CONTACT REPORT

Attention: This form seeks information to be used for occupational safety and health purposes. It contains information relating to individuals' health and must be used and stored in a manner that protects the confidentiality of those

Region		Local	Unit	
1A	1D		H.S.	A.S.

Employee Last Name	Employee First Name	UAW Employee ID

Employee's Type of Work	Was the Employee Symptomatic	Date of First Symptoms

Last Work Day	Was Employee Advised to Self-Quarantine	Potential Source of Exposure

Was the Employee Tested	Date Tested	Result Date

Was the Employee Hospitalized	Date Hospitalized	Hospital Name & Location

Did it Result in Fatality	Date of Fatality	Status

Comments: