

**Suspected Case of Covid-19 Reporting Form**

Parish/School Name: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Tested: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_

When: \_\_\_\_\_

Last date worked: \_\_\_\_\_

Other: Ex. Shares office space; attended meeting (Masks, 6 ft apart?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Fax to LMDPHW at (502) 574-5865*