**COVID Case Report – Template**

Please report ALL suspected AND confirmed cases.

Copy and paste the below table into a new email message to the COVID-19 inbox.

Fill out all appropriate data and send back.

If you have any questions, they can also be sent to the inbox and someone will respond ASAP.

Thank you so much for all your collaboration and hard work!

**To**: covid19@nadentalgroup.com

**Subject**: COVID Case Report - [Insert Location Number]

**Message:**

**COVID-19 Case Report**

|  |  |
| --- | --- |
| **Team Member Name** | Insert Name |
| **Position** | Insert TM Position |
| **Practice Number** | Insert Location # |
| **Status** | Suspected or Confirmed |
| **Additional Details,****including level of exposure** | Please enter details about COVID case, including level of exposure to other team members or patients. |

|  |  |
| --- | --- |
| **Was this practice closed due to this case or exposure?** | Yes or No |
| **If yes, enter date of closure:** | Insert Date (if applicable) |

|  |  |
| --- | --- |
| **Leave of Absence Form submitted to HR** | Yes or No |