



Nevada County Public Health Department

Workplace Exposure List Form

All information is required unless marked "optional"
Complete and fax to 530.271.0836 and confirm sent.

Name of Workplace:

Workplace Contact & Phone Number:

Type of business:

Total number of employees in Nevada County:

Employee Last Name	First Name	Status (confirmed positive, suspected positive, or close contact)	Date of Last Exposure to Positive (mm/dd/yy)	Date of Birth	Primary language	Phone Number	Home Address	County of Residence	Symptomatic?	Personal Email (optional)
Sample Last Name	Sample First Name	Confirmed	11/25/2020	12/15/1952	English	530 265 0000	123 Main Street, Nevada City, CA	Nevada	No	sample@gmail.com
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