**COVID 19 Employee Incident Report Template**

Date of report prepare: Date of Present:

Company Name:

Address:

Type of incident:

COVID 19 tests

Infected Employees:

**Detail COVID Positive:**

**Name: Gender: Age: Department:**

1-

2-

3-

4-

5-

6-

7-

Doctor Signature:

Manager Signature:

CFO Signature: