



**BOROUGH OF RIVER EDGE
DEPARTMENT OF RECREATION & CULTURAL AFFAIRS**

PRESUMPTIVE COVID-19 REPORT FORM

PERSON COMPLETING THE FORM: _____ **TODAY'S DATE:** _____

Phone: _____ **Email:** _____

Organization/Department Affiliation: _____ Volunteer Employee

RESIDENT INFORMATION	
Name: (First & Last) _____	Age: _____
Phone: _____	Email: _____
Address: _____	Email: _____

COVID-19 SYMPTOMS	
TEMPERATURE: _____	SYMPTOMS: _____
Did this individual test Positive:	Yes No

ACTIVITY INFORMATION
Date of Presumptive Symptom: _____
PROGRAM: _____ LOCATION: _____
What was done to isolate the individual & sanitize exposed area?

**BE SURE TO FOLLOW PROPER PRIVACY AND HIPAA RELATED LAWS.
THIS INDIVIDUAL'S NAME SHOULD NOT BE RELEASED TO THE PUBLIC**

NOTES SECTION (Office Use Only)