

COVID-19 Positive Test Result Reporting Form



Complete all fields prior to submitting this form. Please pay careful attention to the *Affected Location(s)* section as accurate location information is essential. If you have questions regarding any field below, contact your NYC SCA Project Officer.

Point of Contact - These are details for individual submitting the form, NOT the individual with a positive test result. THE INDIVIDUAL WITH POSITIVE TEST RESULT SHOULD NOT BE IDENTIFIED ON THIS FORM.		
Name	Phone Number	Email Address
Firm Name		
Relationship to Individual with Positive COVID-19 Test Result		
Trade of Individual with Positive COVID-19 Test Result		
Affected Location(s) – You must complete all location information including rooms visited.		
Location 1 Name (e.g., P. S. 195)		Location 1 Borough (e.g. Queens)
Contract # (e.g., C0000XXXXX)	Site Building Code (e.g., Q195)	Last Date(s) Visited
Classrooms Visited (indicate room #s)		Other Areas Visited (e.g., Trailer, Gym, Auditorium)
Location 2 Name (if needed)		Location 2 Borough
Contract # (e.g., C0000XXXXX)	Site Building Code (e.g., Q195)	Last Date(s) Visited
Classrooms Visited (indicate room #s)		Other Areas Visited (e.g., Trailer, Gym, Auditorium)
If affected individual visited other locations, please indicate relevant details at the end of this form.		
Case Details for Individual with Positive COVID-19 Test Result – Do not include a name.		
NYC Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (if NYC resident)		
Date of Positive COVID-19 Test Result		
Do you have any documentation (Doctor's note, lab result, etc.)?		
Is this the first time the person has tested positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown *If no, indicate first date/time they tested positive		
Experiencing symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, date when symptoms began		
Other Details (optional)		

Email completed form to NoticeofAccident@nycsca.org **AND** call the Provider Access Line at (866) 692-3641.
Contact the NYC SCA Project Officer if you have questions regarding the Affected Location(s) information.