**COVID-19 California Department of Public Health   
Potential Outbreak Notification**

COMPANY NAME: Click or tap here to enter text. COMPANY NACIS #: Click or tap here to enter text.

COMPANY MAILING ADDRESS: Click or tap here to enter text.

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| --- | --- | --- | --- | --- | --- |
| Employee Name | Occupation | Work Site  Name | Work Site  Address | NACIS Number | Date of Exposure |
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