

Reporting Form for COVID-19 Positive Persons Experiencing Homelessness

To Whom It May Concern:

This notice of testing is to inform you that

Name (Last, First MI) _____ Date of Birth ___ / ___ / _____

tested positive for COVID-19 on _____ at _____.
Date of Test Testing Site

Based on the date of the test and the individual's onset of symptoms they should

- continue to isolate until ___ / ___ / _____ (Day 0 through Day 5) **and**
- wear a mask at all times around others until ___ / ___ / _____ (Day 6 through Day 10).

To avoid spreading COVID-19 to others, please isolate until it has been 5 full days since your symptoms appeared or since you tested positive for COVID-19. It is important that you are fever-free for at least **24 hours** and **your other symptoms are improving** before you end your isolation.

COVID-19 Isolation Guidance is for people who have tested positive or have symptoms consistent with COVID-19. It is available here: www.maricopa.gov/COVIDIsolation

Isolation is different than quarantine. Quarantine is for people who have had close contact with somebody with COVID-19 but do not have symptoms and had not tested positive for COVID-19.

Should you need personalized information or resources, including information on a convenient location to receive a COVID-19 vaccine, please call the Maricopa County Department of Public Health CARES Team at 602-506-6767.