



**NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
COVID-19 REPORTING FORM**

**Send completed form and all status updates encrypted to
ng.nj.njarng.mbx.nj-covid19-reporting@mail.mil**

NAME:

RANK/GRADE:

COMPONENT: ARNG

ANG

STATE

UNIT/DEPT:

UIC:

SUPERVISOR:

REGULAR DUTY STATUS: AGR ADOS TECH TDG/DSG CIVILIAN

DUTY STATUS AT TIME OF OCCURRENCE: AGR ADOS TECH TDG/DSG CIVILIAN

TESTED FOR COVID-19 YES

NO

QUARANTINE

ISOLATION

HOSPITALIZATION

START DATE:

END DATE:

SYMPTOMS: *(PLEASE SELECT ONE)*

SYMPTOMATIC

ASYMPTOMATIC

COVID-19 STATUS: *(PLEASE SELECT ONE)*

EXPOSURE

PERSON UNDER INVESTIGATION *(PUI)*

POSITIVE

COMMENTS: *(Write any circumstances not listed above)*