

As you tested positive for COVID-19, please complete the following form and email it back to COVIDccm@fraserhealth.ca by the end of today.

| | | | | |
|--|--|-----------|-------------------|--------------|
| Step 1 | First Name | Last Name | Phone Number | |
| | Date of Birth | PHN # | Check if No PHN # | FH Case ID # |
| | Identify Date of First Symptoms: Put in the date that you had symptoms or your testing date, which ever happened first. <input type="text"/> | | | |
| GO BACK 2 DAY: <input type="text"/> = YOUR CONTACT TRACING <u>START</u> DATE | | | | |

| | | | | | |
|--|--|------------------------|--------------------|--------------|-----------|
| Step 2 | Where you may have gotten COVID-19 from: | | | | |
| | For the last 14 days before your "Contact tracing start date" | | | | |
| | 1. Were you in close contact with someone who has/had COVID-19? If yes , please provide the name and contact information of these individuals. | | | | No Yes |
| | First Name | Last Name | Their Phone Number | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. Have you travelled within BC or outside of BC in the last 3 weeks? If yes , please provide information below. | | | | No Yes | |
| Date Left | Date Returned | Mode of Transportation | Where You Went | Where Stayed | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FH_Covid Case Contact Info form_Nov 16 2020_v4.docx Page 2 | 4

4

[illegible]

| Step 4 (cont'd) | Crowded indoor space: Please list the crowded indoor places where: <ul style="list-style-type: none"> You spent longer than 15 minutes at and were not wearing a mask | | | | |
|---------------------------|--|---------|------|------------------|---------------|
| | Name of Place or Venue | Address | Date | Time You Arrived | Time You Left |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Thank you for taking the time to complete this form.

Please email it back to COVIDccm@fraserhealth.ca by the end of today.