

## **COVID-19 CASE AND CONTACT INFO**

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	First Name		Last Name		Phone Number			
1								
-	Date of Birth		PHN #			Check if No PHN # FH Case ID #		FH Case ID #
	Identify Date of First Symptoms:							
	Put in the date tha	at you had symptor	ns or you	r testing date, w	hich ever ha	ppened first.		
	GO BACK 2 DAY	:		= YOUR CO	NTACT TRA	CING STAR	T DA	ΓE
Step	Where you may	have gotten Co	OVID-19	from:				
2	For the last 14 days before your "Contact tracing start date"							
	Were you in close contact with someone who has/had COVID-19?							No
	If <b>yes</b> , please provide the name and contact information of these individuals. Yes							
	First Name		Last Nam	е		Their Phone I	Numbe	r
	2. Have you travelled within BC or outside of BC in the last 3 weeks?  No							
	If <b>yes</b> , please provide information below.							Yes
	Date Left	Date Returned	Mode of 1	<b>Fransportation</b>	Where You W	/ent	Where	e Stayed



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## **COVID-19 CASE AND CONTACT INFO**

**Household Contacts:** 

Did you notify your household contacts to self-isolate?

No Yes

Please list all the people who live in your home and provide the following information:

First Name	Last Name	Relationship	Date of Birth	Phone Number



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Step	Who you may	have exposed to	COVID-19:					
4	From your CONT	ACT TRACING ST	ART DATE of		up to when y	ou started to		
	isolate, please lis	t people who you n	nay have infected.					
	than 6 feet (2 me  These people ma  work (a p  a restaur  a social  a place of	ho you spent longe ters) apart and wer by include those you physical worksite) rant or bar gathering of worship er crowded indoor with:	e not wearing mask u saw at:	KS.		eople were less		
	Please list the people who you may have infected below.							
	First Name	Last Name	Relationship (friend, acquaintance, co-worker, partner, team mate)	Date of Last Contact	Phone Number	Did you notify them to self- isolate?		
	e.g. Mickey	Mouse	Co-worker	Oct 30, 2020	(778) 555-1212	☑ if Yes		
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### **COVID-19 CASE AND CONTACT INFO**

Step

#### **Crowded indoor space:**

4

Please list the crowded indoor places where:

(cont'd)

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.