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| COVID-19 Contact Tracing Form | | |
| **INSTRUCTION:** This form is private and confidential. Please forward completed forms to the Occupational Health Nurse (OHN) on your site. If you do not have an OHN, then forward to Dr. Tepper [joshua.tepper@teck.com].  **Please fill out all sections completely.** | | |
| 1. **Person Reporting and Taking the Information** | | |
| Date (mmm/dd/yyyy): | Time: | |
| Last Name: | First Name: | |
| Phone Number: | Email: | |
| 1. **Employee/Contractor Information** | | |
| Last Name: | First Name: | Middle Initial: |
| Company: | Location (site): | |
| Employee Number: | Date of Birth (mmm/dd/yyyy): | |
| Phone Number: | Alternate Phone Number: | |
| Home Address: | Home City: | |
| Postal Code: | Home Province: | |

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| 1. Signs and Symptoms | | | | | |
| **Date of Symptom Onset:** | | | | | |
| **Risk Factor** | **Yes** | **No** |  | **Yes** | **No** |
| Fever |  |  | Diarrhea |  |  |
| Chills |  |  | Loss of appetite |  |  |
| New or worsening cough |  |  | Nausea and vomiting |  |  |
| Shortness of breath |  |  | Stuffy nose |  |  |
| Sore throat |  |  | Conjunctivitis (pink eye) |  |  |
| Runny nose |  |  | Dizziness |  |  |
| Loss of sense of smell or taste |  |  | Confusion |  |  |
| Headache |  |  | Abdominal pain |  |  |
| Fatigue |  |  | Skin rashes or discoloration of fingers and toes |  |  |
| Other symptoms (Please List): |  | | | | |

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| 1. Outcomes | | | |
| **Employee and Contractor Treatment** | | **Yes** | **No** |
| Have you been seen for any of the symptoms above? | |  |  |
| Have you or a member of your family recently returned from travel outside of Canada within the last 14 days? | |  |  |
| Have you had close contact with a positive COVID-19 case? | |  |  |
| Have you contacted Public Health (811 or other)? | |  |  |
| Have you been scheduled for a COVID-19 test? | |  |  |
| Have you been asked to self-isolate? | |  |  |
| 1. **Other Information** | | | |
| First Date on Teck site (mmm/dd/yyyy): |  | | |
| Last Date on Teck site (mmm/dd/yyyy): |  | | |
| Accommodation while working at Teck: |  | | |
| Type of Transportation to Teck site: |  | | |

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| 1. COVID-19 Contact Tracing | |
| **“Please identify anyone you were in close contact with from two days before the date of symptom onset OR from the date of last exposure to a positive case.”**  ***Close Contact: any individual who was within 2 meters (6 feet) of an infected person for at least 15 minutes starting from 2 days before illness onset without consistent and appropriate use of personal protective equipment.*** | |
| **Name (First, Last)** | **Phone Number** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 9. |  |
| 10. |  |
| **Notes:** | |