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| **Name (**of the person feeling COVID-19 symptoms or have close contact with a COVID-19 positive person) |  |
| UCQ ID # |  |
| QID # |  |
| Mobile number |  |
| Instructor and course name |  |
| Did you visit the UCQ campus or facility between now and two days prior to when your symptoms started (or, if you did not develop symptoms, then two days prior to when you were tested)? |  |
| Date and time of **last** attendance on campus:  -please identify all the spaces (classrooms, office, labs, common spaces, etc) you have visited between now and two days prior to when your symptoms began with the timeline (or, if you did not develop symptoms, then two days prior to when you were tested) |  |
| When did the symptoms start (date and time)? |  |
| Date tested for COVID-19 and results (identify date if test booked) |  |
| Were you in **close contact\*\*** with anyone while on campus or through your work/ duties between now and two days prior to when your symptoms started (or, if you did not develop symptoms, then two days prior to when you were tested)?  (please use next page for more details) |  |
| Are you fully vaccinated with booster shot?  Any additional information? |  |

\*\*Definition of **"close contact"** is anyone who, during the infectious period:

* was within two meters of a person who has COVID-19 for 15 minutes or more of cumulative contact, i.e. multiple interactions for a total of 15 minutes or more, even if a mask was worn during that contact; or
* has had direct contact with bodily fluids of a person who has COVID-19 (e.g., was coughed or sneezed on); or
* provided direct care for a person who has COVID-19, or has physical contact with a person who has COVID-19, such as handshake, hugging, kissing, or sexual activity; or
* Shares items with a person who has COVID-19 such as drinks, personal hygiene items, cigarettes, vapes, lipstick, eating utensils, etc.