



COVID-19 Exposure Form

Section 1

Organization Name:

Person's Name:

Place of Occurrence:

Seaforth Community Centre

Community

Other Arena, please specify:

Date and time of occurrence:

Date and time occurrence was reported:

Incident reported to:

Description (Please completed one of two categories)

Symptoms Noted, possible exposure:

Positive test reported:

Other information or comments:

Affected Team Members: If more space is required, please use an additional page

Name	Contact Number
Date team members were in contact:	



Section 2:

Steps taken to prevent further exposure Please indicate actions taken to prevent a recurrence of further illness (eg initiated isolation of participant with enhanced precautions and environmental cleaning, contact public health, etc):

Section 3 (To be completed by SMHA Executive)

Date reported to SMHA Executive:

Date reported to SMHA President:

Date reported to Public Health: