Contact Tracing Log

Division: **11U** **13U** **15U** **18U**

Session Date and Time: _____

Full Name	Email	Have you experienced fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, chills, nausea, headache, muscle aches, or loss of appetite recently?	Have you or anyone in your household travelled outside of Canada within the last 14 days?	Have you or anyone in your household been in close unprotected contact in the last 14 days with someone who is ill, being investigated for or a confirmed COVID 19 case?