

WWFC COVID EXPOSURE FORM



First Name		Last Name	
Email		Phone Number	

Date of exposure	
List any symptoms and date of onset	
Date COVID test is booked for	
Results and date received	
Date you were last in WWFC	
Who did you fly with	
Is there anyone else at WWFC that you were in direct contact with? IE. A roommate	

Has Public Health given you any specific guidance and if so please explain:

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Any other details of your exposure: With who/when/where

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Please complete and send to Sarah Spry - sspry@wwfc.ca