COVID-19 INCIDENT REPORT

All completed forms to be sent to healthservices@nait.ca

(Complete all the fields to the best of your ability)

Report all incidents in myCority. Use this form to report incidents ONLY if myCority is unavailable. If you are having technical issues with myCority please contact HSE at HSE@nait.ca.

Name of person reporting _____

Date Reported: _____   **Time Reported:** _____

Name of Person Involved:
(if different than person reporting) _____   ☐ **Staff**   ☐ **Student**   ☐ **Contractor**   ☐ **Other**

Supervisor/Instructor Name: _____   **Date of Birth:** _____

Division/School: _____   **Department/Program:** _____

What is the best phone number to reach you at? _____

What is the best email address to reach you at? _____

DETAILS OF INCIDENT

What symptoms if any, do you have?   **Date Symptoms Started:** _____

☐ cough ☐ fever ☐ shortness of breath ☐ runny nose ☐ sore throat	☐ feeling unwell or fatigued ☐ stuffy nose ☐ painful swallowing ☐ chills ☐ headache ☐ muscle or joint aches	☐ Nausea, vomiting, diarrhea, or unexplained loss of appetite ☐ loss of taste or smell ☐ conjunctivitis (also known as pink eye) ☐ other: _____ ☐ **No symptoms (asymptomatic)**

Have you called 811 and/or completed the AHS Self-Assessment? ☐ Yes ☐ No | **Date of AHS Self-Assessment:** _____

What were the recommendations from AHS (if applicable, provide isolation or quarantine starting and ending dates)?

Did you book a COVID-19 test? ☐ Yes ☐ No ☐ N/A | **Date of COVID-19 test?** _____

COVID-19 Positive Test Result: ☐ Yes ☐ No ☐ Unknown

Have you been in close contact with a known case of COVID-19? ☐ Yes ☐ No ☐ Unknown / Not sure | **Date of contact:** _____

If you were not in close contact with a known case of COVID-19, where do you think you may have contracted COVID-19?

Have you returned from travel outside of Canada within the last 14 days? ☐ Yes ☐ No | **Return Date:** _____

How did you arrive at NAIT? _____ | **What was the last date you were on Campus?** _____

Provide all the locations and times that you spend more than 15 minutes at.

Who were you in contact with? List the names, date(s) and time(s).

Where is your WIL placement? When were you last on WIL placement? Provide dates and times.

Have you received COVID-19 vaccination? ☐ Yes ☐ No ☐ N/A | **If yes, how many doses?** _____

Date of first vaccination: _____ | **Date of last vaccination:** _____

Health Services recommends that you call **811** for further guidance. Once you have done so, please call us at **(780) 471-8733** or email us at healthservices@nait.ca and let us know the information that they have provided to you. We will be following up with you quite closely until you have test results, or your symptoms are absent. If you have any questions or concerns, please do not hesitate to contact us. Follow the link for more information on what to do on the COVID-19 microsite at "*If you are sick*".