**Years 1-2 MD Student Outbreak/Exposure Notification Form**

Please use the following template to report the details of your recent COVID-19 exposure at a medical education site to the MD Outbreak/Exposure Coordinator at [md.outbreak@utoronto.ca](mailto:md.outbreak@utoronto.ca).

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**Subject Line: MD Student Outbreak/Exposure Notification**

**Message:**

Dear MD Outbreak Coordinator,

Please find the details of my recent COVID-19 exposure at a medical education site.

**Section A: Personal Information**

|  |  |
| --- | --- |
| University of Toronto Student Number: |  |
| Last Name: |  |
| First Name: |  |
| Year of Study: |  |
| Academy: |  |
| University of Toronto Email Address: |  |
| Cell Number: |  |

**Section B: Details of Exposure**

|  |  |
| --- | --- |
| Date Exposure Notification Received: |  |
| Date of Exposure (if known): |  |
| Additional Details of Exposure (if known): |  |

**Section C: COVID-19 School Absences**

|  |  |
| --- | --- |
| Self-isolation period (if required): |  |
| Mandatory\* activities to be missed (if applicable): | **Date 1: (list the absence date)**   * **Activity #1** * **Activity #2**   **Date 2: (list the absence date)**   * **Activity #1** * **Activity #2** |
| Assessment activities to be missed (if applicable): |  |

\*Mandatory activities include: in-person anatomy, virtual faculty-led CBL, virtual clinical skills, and virtual Mastery Exercises.

**Section D: Consent**

To ensure that we can provide rapid and comprehensive support, please kindly type your full name to give us your consent to allow the MD Outbreak/Exposure Coordinator to share the details provided on this form with our teaching team.

|  |  |
| --- | --- |
| Please type your full name: |  |

**Section E: Other Comments**

Please let us know if you have any additional questions or requests:

======================================End of Form====================================