**Years 3-4 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.

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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): |  |
| Site Contact (individual who has provided the notification): |  |
| Current Rotation or Elective Placement: |  |
| Site (e.g. name of the hospital): |  |
| Preceptor Name: |  |

**Section C: Future Rotation or Elective Site**

|  |  |
| --- | --- |
| Scheduled Start Date of Next Rotation or Elective Placement: |  |
| Next Scheduled Rotation or Elective Placement: |  |
| Site (e.g. name of the hospital): |  |
| Preceptor Name: |  |

**Section D: Additional Resources**

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====================================