

COVID-19 Positive Contact List

Your Name:	
MCP:	
Phone Number:	Email Address:

Public Health is requesting your assistance to identify anyone with whom you may have been in contact during the 48 hours before having symptoms of COVID-19, or if you have not experienced symptoms, in the 48 hours before having your COVID-19 swab.

Please submit/return this form to lghcontacttracing@lghealth.ca within 24 hours of receipt of notification of positive result.

Please Identify the following types of contacts: (High Risk Contacts)

- Someone you live with
- An intimate Partner
- A caregiver
- Someone who you were in the same room with for 15 minutes or longer without wearing a mask

