



Medical Exposure Report

Complete if individual has been on any Northwood Technical College campus or sponsored activity within 2 days prior to onset of symptoms

Name of individual involved:

Today's Date: _____

Campus Location of Exposure (check one):

- Ashland Superior Shell Lake
- Rice Lake Hayward Balsam Lake
- New Richmond Ladysmith Other _____

Area of event (room number or entrance): _____

Date event took place: _____

Describe the incident and/or your area of concern. Did the individual leave immediately, did they see the health nurse, were the quarantined on campus, were masks worn, were social distancing standards adhered to, etc.?

Was the individual experiencing COVID-19 related symptoms? Yes No

Has the individual been tested for COVID-19? Yes No

If yes, when? _____

Has the individual reported a positive COVID-19 test result? Yes No

If yes, complete the "Positive COVID-19 Self Disclosure Form"

Exposure reported by:

Name: _____

Address: _____

Phone: _____

Information received:

Date Received:
