

6. A. What is your job title?

B. Please describe your job duties and work environment (indoors or outdoors, work from home, factory, warehouse, office, etc.)

7. Have any of your household members or close friends who you see often been diagnosed with COVID-19?

Yes No

If yes, did they develop symptoms or were they diagnosed in the two weeks before you developed COVID-19? Please provide details without including names:

8. Please describe any activities you participate in outside of work, such as sports, going to the gym, social activities or attending places where you interact with other people:

In any of your activities that you participate in outside of work, were you exposed to a person or people with confirmed or probable COVID-19 in the two weeks before you were diagnosed with COVID-19?

Yes No

9. Have you lost time or wages from work because of COVID-19?

Yes

Dates of lost time:

Reason for lost time (select all that apply):

Positive COVID-19 test

Self-isolation/quarantine as a precaution

COVID-19 symptoms

Other (Please specify):

No

10. Have you returned to work?

Yes. Please provide your return-to-work date:

No. A. What is your expected return-to-work date?

B. Do you have medical authorization to be off work beyond 10 days from the onset of your symptoms?

Yes No

11. Please provide any additional information that you think may be relevant to your COVID-19 claim:

Acknowledgement:

By checking this box, I, _____, acknowledge and agree that:

- The information I have provided is truthful.
- I understand that it is an offence to deliberately make false statements to the Workplace Safety and Insurance Board.

 Submit forms and documents related to your claim at wsib.ca/submit