

Appendix A. Monkeypox Contact Listing Form



Name of Case: _____

| Full Name | Age | Sex | Date of Birth | Contact # | Occupation | Relation to case | No. of household members | Address | Date of first contact with case | Date of last contact with case | Type of contact | Laboratory Done |
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| Indicate Last Name, First Name, Middle Name | Age: Indicate D - days M - months Yr. - years Sex: F - Female M - Male | | mm/dd/yyyy | Specify contact information | Please Specify Occupation | Specify relationship with case | Specify total number | Specify House # Street/Purok/ Subdivision, Barangay, Municipality/City, Province, Region | mm/dd/yyyy | mm/dd/yyyy | Type 1 Type 2 Type 3 | Y-yes N-no If yes, Specify test and result |

Types of contact:

Type 1 – Direct contact with skin lesions of a confirmed MPX case - vesicles, pustules, crusts etc. (including sexual contact) OR direct contact with a confirmed animal case.
 Type 2 – Direct contact with body fluids of confirmed monkeypox case (blood, urine, vomitus, feces, stool, sputum etc.)
 Type 3 – Sharing of common space with case (e.g. vehicle, household, shared room/workstation, flight, etc.)