**Information Collection Form**

**(For use when AMKH staff/ patient is an Index Case)**

**Date\_\_\_\_\_\_\_\_\_\_\_ Information collected by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Index:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NRIC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date onset of Fever:\_\_\_\_\_\_\_\_\_\_\_\_ Date Isolated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(To submit the contact list immediately. As need to complete the MOH contact tracing template in 24 hours)**

|  |  |  |
| --- | --- | --- |
| **CONTACT’S PARTICULAR FOR CONTACT LIST** | | **REMARKS** |
| **NAME** |  |  |
| **NRIC OR**  **PASSPORT NO:** |  |  |
| **SEX/AGE/RACE** |  |  |
| **PERSON INDICATOR**  **CASE/CONTACT/**  **CARRIER/DISCHARGE** |  |  |
| **RESIDENTIAL ADDRESS** |  |  |
| **HOME /ATERNATE TEL NO:** |  |  |
| **HAND PHONE NO:** |  |  |
| **OCCUPATION** |  |  |
| **OFFICE ADDRESS /**  **OFFICE TEL NO:** |  |  |
| **HEALTH STATUS**  **(WELL / UNWELL)** |  |  |
| **NATIONALITY** |  |  |
| **DATE OF BIRTH** |  |  |
| **RELATIONSHIP TO CASE** |  |  |
| **LOCATION** |  |  |
| **DATE OF LAST EXPOSURE** |  |  |
| **TIME OF LAST EXPOSURE** |  |  |
| **CATEGORY**  **(e.g. STAFF,VISITORS OR**  **FAMILY MEMBERS)** |  |  |
| **TO QURANTINE**  **STARTDATE / END DATE / TIME** |  |  |

**INFORMATION COLLECTION FORM**

**(The guide to use the format)**

1. **To collate information for ‘Patient Contacts’ List**

**Information – source:**

* SAP system – ward / bed location for affected patients printouts (Direct contact- those patients within the same cubicle of ‘patient index’; indirect contact – those patients in adjacent cubicles with low wall divider in ward 1)
* Other Locations/Department involved (from case notes & interview)

-e.g. x-ray/lab Dept, Acupuncture Clinic, Pharmacy, PT Gymn etc

1. **To collate information for ‘Healthcare Worker Contacts’ List**

**Information – source:**

* Ward nursing staff roster
* Ward nursing staff assignment book
* Doctor call roster
* Staff duty rosters of other locations/departments involved – e.g. X-Ray/Lab Dept,

Acupuncture Clinic, Pharmacy, PT dept, Housekeeping dept , Maintenance dept, Admin dept, P&S dept.

* HR dept for staff particular details of HCWs involved.

1. **To collate information for ‘Visitor contacts’ List**

**Information – sources**

* Visitor List from Triage
* Patient’s case notes.
* Interview of patient index case.