UGANDA VIRAL HEMORRHAGIC FEVER CONTACT LISTING FORM

Case Information										
UVRI/MoH Case ID	Surname	Other Names	Head of Household	Village	Sub-County	District	Date of Symptom Onset	Date of Admission to Isolation	Date of Death	

^{**}For all information on location, please list information on where the contact will be residing for the next month.

Contact Information													
Surname	Other Names	Sex (M/F)	Age (yrs)	Relation to Case	Date of Last Contact with Case	Type of Contact (1,2,3,4)* <u>list all</u>	Head of Household	Village	District	Sub- County	LC1 Chairman	Phone Number	Healthcare Worker (Y/N) If yes, what facility?

*Types of Contact:

- 1 = Touched the body fluids of the case (blood, vomit, saliva, urine, feces)
- 2 = Had direct physical contact with the body of the case (alive or dead)
- 3 = Touched or shared the linens, clothes, or dishes/eating utensils of the case
- 4 = Slept, ate, or spent time in the same household or room as the case

Contact Sheet Filled by:	Name:	Position:	Phone: