VIRAL HEMORRHAGIC FEVER CONTACT LISTING FORM

Case Info	rmation								
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 In	nformatio	on											
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	Village Leader	Phone Number	Healthcare Worker (Y/N) If yes, what facility?
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*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:	F	Position:	Phone	:
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