

# Annex 4: Contact follow-up form

## CONTACT FOLLOW-UP FORM

Contact Tracing Form – by Community Volunteer

Volunteer's name... Felicity Gill.....

Address 110 Granville Ave.....

Town Perrinip.....

District Lulworth.....

CN	Family Name	First name	Age	Sex	Date of last contact	Day of Follow-up																				
						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
01	Leopold	Pawn	23	F	04/13/15	0	0	0	0	0	0	0	0	X												
02	Brainer	Jared	42	M	04/16/15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
03	Freech	Martin	38	M	04/18/15	0	0	0	0	0	0	0	0	0	0	0	0	0	X							
04	Ulman	Jill	61	F	04/19/15	0	0	0	0	X																
05	Meister	Lee	19	M	04/19/15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
06	Jeeps	Jane	13	F	04/19/15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
07	Field	Luella	52	F	04/20/15	0	0	0	0	0	0	0	0	X												
08	Elep	Mac	20	M	04/20/13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
09	Preid	Layla	37	F	04/21/15	0	0	X																		
10	Leighton	Eaye	22	F	04/21/15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Tick "0" if the contact has not developed fever, headache, weakness or vomiting, diarrhoea

Tick "X" if the contact has died or developed fever and/or bleeding (complete Case Report Form and, if alive, refer to the hospital)