Contact	Listing F	orm	(for	Invest	igatio	n Tea	m)		FORM CO	MPLE1	ED BY:					
o o i i i do i		0	. (gano		···· <i>)</i>		NAME					TITLE		
Case Inform	nation						TEAM				ΓEL. NO.		'			
CASE ID SURNAME				ME			OTHER NAMES			HEAD OF HOUSEHOLD			SYMPTOM ONSET DD/MM/YY			
ADDRESS							DISTRICT			1	LOCATION IDENTIFIED					
Contacts In	formation															
Surname	Other Names	Head House		Sex (M/F)	Age (Y)	Relation to Case		Add	dress	Tov	/n	District	T	elephone number	HCW* (Y/N)	Facility Name (if 'Yes')
							DD/MM/YY									
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*HCW: Heal	th Care Worker	1		1	1	I.	1			1		·			I .	1

Close contact' is defined as:

Comments:

- Health care associated exposure, including providing direct care for nCoV patients, working with health care workers infected with novel coronavirus, visiting patients or staying in the same close environment as a nCoV patient.
 Working together in close proximity or sharing the same classroom environment with a nCoV patient
- Traveling together with a nCoV patient in any kind of conveyance
- Living in the same household as a nCoV patient
- The epidemiological link may have occurred within a 14-day period before or after the onset of illness in the case under consideration.

Daily Contact Fo	llow	ı-l Jr	ΕΩ	rm (for C	onta	ct Fo	llow-	l In T	eams)	FORM (COMPLET	ED BY:							
Bany Contact 1 o			, , ,	(101 0	Orita	00.1.0	110 VV	Op i	Carrio	,	NAME				TITLE					
Contact Information												TEAM				TEL. NO).				
NAME			GENDI	ER	AGE		DATE	OF LAS	T CONT	ACT		ADDRE	SS			TEL. NO).				
								/IM/YY													
											t has the symptom and "no" if the contact does not have the symptom.								otom.		
If a contact has any of the syn	2 2	<u>3</u>	4	1e Sup	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Date	1	_	-						-	10	• •	12	10	17	10	10	''	10	10	20	
Symptoms																					
History of Fever/Chills																					
General Weakness																					
Cough																					
Sore Throat																					
Runny nose																					
Shortness of breath																					
Diarrhea																					
Nausea/vomiting																					
Headache																					
Irritability/Confusion																					
Muscular Pain																					
Chest Pain																					
Abdominal pain																					
Joint Pain																					
Signs																					
Temperature (°F)																					
Pharyngeal Exudate																					
Conjunctival Injection																					
Seizure																					
Coma																					
Dyspnea/Tachypnea																					
Abnormal Lung Auscultation										_	_										
Abnormal lung X-Ray findings																					

(for Supervisors) Supervisor Name TEAM NAME TEAM NAME TEAM MEMBERS	Contact Tracing Summary Form	DATE					
1. Contacts currently under follow-up a. Followed-up today (non-symptomatic) b. Followed-up today (symptomatic) c. Discharged from follow-up today d. Not followed-up today e. Total contacts currently under follow-up 2. Contacts not seen in the past 24+ hours a. Family/neighbor visits done today b. No family/neighbor visits done today c. Total contacts not seen in the part 24+hours 3. Contact Quality Assurance Checks Done Today NOTES NUMBER 4. Contact Follow-up Team Observations Done Today NOTES NUMBER		OUDEDWOOD NAME					
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6. Other notes from today		NUMBER					
		NOWDER					
Notes							
	Notes						

	Lead Epidemiologist	Supervisor	Investigation Team	Contact Follow-up Team	Data Manager
Personal Protective Equipme	ent				
Disposable gloves					
Gowns					
Face shield (or goggles)					
Face mask N95/FFP2					
Surgical mask for the case					
Biohazard plastic bags					
Information Technology					
Global positioning system (GPS)					
Cell phones (with credit)					
Computers					
Internet Access					
Electronic data collection tools					
Field Equipment					
Thermometers					
Office supplies					
Weather appropriate gear3					
Hand sanitizer or bleach					
Appropriate forms					
Transportation		•	·		