

## Contact Tracing and Follow Up Form

### Case Information

Name of Patient: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Onset of Illness \_\_\_\_\_  
 Date when case reported to health center: \_\_\_\_\_  
 Address: \_\_\_\_\_

### Surveillance for contacts

Serial Number	Name	Age	Sex	Contact Type	Relation with case	Address	Date of first contact with case	S/F/N	Day 1	2	3	4	5	6	7	8	9	10	Prophylaxis	
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

### Contact Type:

- A. Close contact less than one meter
- B. Household contact, but more than one meter
- C. Health Care Worker contact - protected

### Status:

- S - seen and healthy
- F - Influenza Like Illness, Notify
- N - Not seen