

## Annex 11L: Contact Listing Forms

Case's IDSR ID: \_\_\_\_\_ Case Name: \_\_\_\_\_ Case Sex: M \_\_\_\_ F \_\_\_\_  
 Case's home/village address \_\_\_\_\_ Case's location (District/County) \_\_\_\_\_ Case's Region/County \_\_\_\_  
 Case's Head of Household \_\_\_\_\_ Date of symptom onset: \_\_/\_\_/\_\_ Date of hospitalization \_\_/\_\_/\_\_

No.	Surname	First Name	Sex M/F	Age. Yrs	Phone Number	Head of Household	Village	Disrict	Relationship to case	Date of Last Contact (dd/mm/yy)	Type of Contact (1,2,3,List all)

**Contacts =**

1. Slept, ate or spent time in the same household as case
2. Direct physical contact with the case (dead or alive)
3. Has touched or shared linens, clothes or dishes/eating utensils of the case, body fluids (blood, urine, faeces, semen)
4. Has touched his/her body fluids (blood, urine, faeces, semen)
5. Need to be followed for other reason, specify (e.g. contact with an affected animal)

Completed by: (Print Name) \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Reporting Instructions**

Return this completed form to the outbreak investigation team