

Annex 4F: Contacts Listing Sheet

Contacts1 Recording Sheet filled in by _____

Case name _____

Case number (if assigned) _____

Case's Village/neighbourhood _____

Chief or Community leader _____

LGA/Town _____ State _____

Date of symptom onset _____ Hospitalized/Found in the community _____

If hospitalized, Hospital _____

Date of Admission: _____

	Other name	Relationship with the case	Health worker (Y/N), if yes which facility ?	Age (years)	Sex (M/F)	Phone number	Head of household

Village/ neighbourhood	Chief or Community leader	LGA/Town	Type of Contact (1, 2 or 3, list all)	Date of last contact	Last date for follow-up	First Visit	Outcome

Contacts are defined as persons who:

1. sleep in the same household with a suspected case;
2. have direct physical contact with the case (dead or alive);
3. have touched the linen or body fluids of the case;
4. have eaten or touched a sick or dead animal.