

Annex 4G: Contact Tracing Form (Follow-up)

Contact Tracing Form – by Village Team

Volunteer's name

Village

Chief or Community leader.....

LGA/Town

State

Record "O" if the contact has not developed fever or bleeding

CN	Family Name	First Name	Address	Phone Number	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

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