**Contact Listing Form (for Investigation Team)**

**Case Information**

<table>
<thead>
<tr>
<th>CASE ID</th>
<th>TEAM</th>
<th>TEL. NO.</th>
<th>SURNAME</th>
<th>OTHER NAMES</th>
<th>HEAD OF HOUSEHOLD</th>
<th>SYMPTOM ONSET DD/MM/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>TOWN</td>
<td>DISTRICT</td>
<td>LOCATION IDENTIFIED</td>
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</tbody>
</table>

**Contacts Information**

<table>
<thead>
<tr>
<th>Surname</th>
<th>Other Names</th>
<th>Head of Household</th>
<th>Sex (M/F)</th>
<th>Age (Y)</th>
<th>Relation to Case</th>
<th>Last contact with Case</th>
<th>Address</th>
<th>Town</th>
<th>District</th>
<th>Telephone number</th>
<th>HCW* (Y/N)</th>
<th>Facility Name (if ‘Yes’)</th>
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*HCW: Health Care Worker

Comments:

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**Close contact** is defined as:
- 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 Follow-Up Form (for Contact Follow-Up Teams)

**FORM COMPLETED BY:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
</tr>
</thead>
</table>

#### Contact Information

<table>
<thead>
<tr>
<th>NAME</th>
<th>GENDER</th>
<th>AGE</th>
<th>DATE OF LAST CONTACT</th>
<th>ADDRESS</th>
<th>TEL. NO.</th>
</tr>
</thead>
</table>

**Instructions:** For each day, evaluate the contact for the symptoms below and write "yes" if the contact has the symptom and "no" if the contact does not have the symptom. If a contact has any of the symptoms, immediately call the Supervisor at: ____________________________.

<table>
<thead>
<tr>
<th>Date</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
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<th>19</th>
<th>20</th>
<th>21</th>
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</tbody>
</table>

**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
# Contact Tracing Summary Form
(for Supervisors)

<table>
<thead>
<tr>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERVISOR NAME</td>
</tr>
<tr>
<td>TEAM NAME</td>
</tr>
<tr>
<td>TEAM MEMBERS</td>
</tr>
</tbody>
</table>

## 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 past 24+hours

## 3. Contact Quality Assurance Checks Done Today

## 4. Contact Follow-up Team Observations Done Today

## 5. Alerts Called Today (for symptomatic contacts)

## 6. Other notes from today

**Notes**
<table>
<thead>
<tr>
<th>Sample equipment list for Contact Tracing Team</th>
<th>Contact Tracing Team</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Protective Equipment</strong></td>
<td><strong>Lead Epidemiologist</strong></td>
</tr>
<tr>
<td>Disposable gloves</td>
<td></td>
</tr>
<tr>
<td>Gowns</td>
<td></td>
</tr>
<tr>
<td>Face shield (or goggles)</td>
<td></td>
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<tr>
<td>Face mask N95/FFP2</td>
<td></td>
</tr>
<tr>
<td>Surgical mask for the case</td>
<td></td>
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<tr>
<td>Biohazard plastic bags</td>
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<tr>
<td><strong>Information Technology</strong></td>
<td></td>
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<tr>
<td>Global positioning system (GPS)</td>
<td></td>
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<tr>
<td>Cell phones (with credit)</td>
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<tr>
<td>Computers</td>
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<tr>
<td>Internet Access</td>
<td></td>
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<tr>
<td>Electronic data collection tools</td>
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<tr>
<td><strong>Field Equipment</strong></td>
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<tr>
<td>Thermometers</td>
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<tr>
<td>Office supplies</td>
<td></td>
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<tr>
<td>Weather appropriate gear</td>
<td></td>
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<tr>
<td>Hand sanitizer or bleach</td>
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<tr>
<td>Appropriate forms</td>
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<tr>
<td><strong>Transportation</strong></td>
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<tr>
<td>Driver/car</td>
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</tbody>
</table>