

Novel and Pandemic Influenza A Virus Infection Contact Trace Forward Form
For Investigation of Contacts Potentially Exposed to Persons with Suspected or
Confirmed Pandemic or Novel Influenza A Virus Infection

**Novel and Pandemic Influenza A Virus Infection Contact Trace Forward Form –
For Investigation of Contacts Potentially Exposed to Persons with Suspected or
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State/Local case ID# _____ Date of case-patient illness onset _____
 CDC case ID # _____ Date of case-patient illness notification _____
 Contact Group ID# _____

****NOTE: A contact of a case-patient is anyone who came within 1 meter or 3 feet of the case-patient, by for example, taking care of, speaking to, directly touching, or handling case-patient items****

Close Contacts—Family, friends, and other persons who live with or take care of the case-patient

Last Name	First Name	DOB	Age	Gender	Relationship with case*	Telephone	Email	Address	Date of Last Contact with Case	Under Follow-up
				M F						
				M F						
				M F						
				M F						
				M F						
				M F						
				M F						

* Family member(specify), friend, other(specify)

Medical Contacts—Doctors, nurses, or others healthcare workers

Last Name	First Name	DOB	Age	Gender	Relationship with case**	Telephone	Email	Address	Date of Last Contact with Case	Under Follow-up
				M F						
				M F						
				M F						
				M F						
				M F						
				M F						

** Specify type of type of healthcare worker

Work or School Contacts—Co-workers, classmate, employers, teachers, or other members of workplace or school										
Last Name	First Name	DOB	Age	Gender	Relationship with Case***	Telephone	Email	Address	Date of Last Contact with Case	Under Follow-up
				M F						
				M F						
				M F						
				M F						
				M F						
				M F						

** specify co-worker, employee, employer, etc