

**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**

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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

<b>Work or School Contacts—Co-workers, classmate, employers, teachers, or other members of workplace or school</b>										
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