

Novel Influenza A Virus Infection Contact Tracing Form

For Investigation of Contacts Potentially Exposed to Persons with Suspected or Confirmed Novel Influenza A Virus Infection

ID Number of confirmed case: _____

| ID # | Contact's Name, Sex, and Date of Birth | Telephone and Email | Relationship to Case | Case Status ¹ | Resp. Illness | Contact Level ² and Dates of Contact | Disposition |
|-------------|--|--|--|--|--|---|---|
| 1 | First Name: _____ Last Name: _____ Sex: M F U DOB(dd/mm/yyyy): ____/____/____ | Home Phone: _____ - - Cell Phone: _____ - - Email: _____ | Family Friend Co-Worker Classmate Health Care Worker Other: _____ | Confirmed Suspect Probable Not a Case | Resp. illness +/- 7 days from case contact: Y N U If yes, onset: ____/____/____ | Direct: ____/____/____ to ____/____/____ Indirect: ____/____/____ to ____/____/____ Other: ____/____/____ to ____/____/____ | Recovered: Y N U Hospitalized: Y N U Date: ____/____/____ Died: Y N U Date: ____/____/____ |
| | Describe the nature of contact with case patient: | | | | | | |
| 2 | First Name: _____ Last Name: _____ Sex: M F U DOB(dd/mm/yyyy): ____/____/____ | Home Phone: _____ - - Cell Phone: _____ - - Email: _____ | Family Friend Co-Worker Classmate Health Care Worker Other: _____ | Confirmed Suspect Probable Not a Case | Resp. illness +/- 7 days from case contact: Y N U If yes, onset: ____/____/____ | Direct: ____/____/____ to ____/____/____ Indirect: ____/____/____ to ____/____/____ Other: ____/____/____ to ____/____/____ | Recovered: Y N U Hospitalized: Y N U Date: ____/____/____ Died: Y N U Date: ____/____/____ |
| | Describe the nature of contact with case patient: | | | | | | |
| ID # | Contact's Name, Sex, and Date of Birth | Telephone and Email | Relationship to Case | Case Status¹ | Resp. Illness | Contact Level² and Dates of Contact | Disposition |

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0004).

| | | | | | | | |
|---|------------------------------------|-------------------------------|--------------------|---------------|--|--|----------------------|
| 3 | First Name: _____ | Home Phone: _____-_____-_____ | Family | Confirmed | Resp. illness +/- 7 days from case contact: Y N U | Direct: ____/____/____ to ____/____/____ | Recovered: Y N U |
| | Last Name: _____ | Cell Phone: _____-_____-_____ | Friend | | | | |
| | Sex: M F U | Email: _____ | Co-Worker | Probable | If yes, onset: ____/____/____ | Other: ____/____/____ to ____/____/____ | Date: ____/____/____ |
| | DOB(dd/mm/yyyy): ____/____/____ | | Classmate | Not a Case | | | Died: Y N U |
| | | | Health Care Worker | | | | Date: ____/____/____ |
| | | | Other: _____ | | | | |
| Describe the nature of contact with case patient: | | | | | | | |

1. **Case Status:** Follow case definitions at [URL](#).

2. **Level of Contact:** Direct contact involves touching or providing care for a person. Indirect contact involves speaking to or touching items belonging to patient.

| ID # | Contact's Name, Sex, and Date of Birth | Telephone and Email | Relationship to Case | Case Status ¹ | Resp. Illness | Contact Level ² and Dates of Contact | Disposition |
|---|--|-------------------------------|----------------------|--------------------------|--|---|----------------------|
| 4 | First Name: _____ | Home Phone: _____-_____-_____ | Family | Confirmed | Resp. illness +/- 7 days from case contact: Y N U | Direct: ____/____/____ to ____/____/____ | Recovered: Y N U |
| | Last Name: _____ | Cell Phone: _____-_____-_____ | Friend | | | | |
| | Sex: M F U | Email: _____ | Co-Worker | Probable | If yes, onset: ____/____/____ | Other: ____/____/____ to ____/____/____ | Date: ____/____/____ |
| | DOB(dd/mm/yyyy): ____/____/____ | | Classmate | Not a Case | | | Died: Y N U |
| | | | Health Care Worker | | | | Date: ____/____/____ |
| | | | Other: _____ | | | | |
| Describe the nature of contact with case patient: | | | | | | | |

| ID # | Contact's Name, Sex, and Date of Birth | Telephone and Email | Relationship to Case | Case Status ¹ | Resp. Illness | Contact Level ² and Dates of Contact | Disposition |
|---|--|-------------------------------|----------------------|--------------------------|--|---|----------------------|
| 5 | First Name: _____ | Home Phone: _____-_____-_____ | Family | Confirmed | Resp. illness +/- 7 days from case contact: Y N U | Direct: ____/____/____ to ____/____/____ | Recovered: Y N U |
| | Last Name: _____ | Cell Phone: _____-_____-_____ | Friend | | | | |
| | Sex: M F U | Email: _____ | Co-Worker | Probable | If yes, onset: ____/____/____ | Other: ____/____/____ to ____/____/____ | Date: ____/____/____ |
| | DOB(dd/mm/yyyy): ____/____/____ | | Classmate | Not a Case | | | Died: Y N U |
| | | | Health Care Worker | | | | Date: ____/____/____ |
| | | | Other: _____ | | | | |
| Describe the nature of contact with case patient: | | | | | | | |

| ID # | Contact's Name, Sex, and Date of Birth | Telephone and Email | Relationship to Case | Case Status ¹ | Resp. Illness | Contact Level ² and Dates of Contact | Disposition |
|------|--|---------------------|----------------------|--------------------------|---------------|---|-------------|
|------|--|---------------------|----------------------|--------------------------|---------------|---|-------------|

| | | | | | | | | |
|----------|---|-------------------------------|--------------------|---------------|--|--|----------------------|----------------------|
| 6 | First Name: _____ | Home Phone: _____-_____-_____ | Family | Confirmed | Resp. illness +/- 7 days from case contact: Y N U | Direct: ____/____/____ to ____/____/____ | Recovered: Y N U | |
| | Last Name: _____ | Cell Phone: _____-_____-_____ | Friend | | | | | Suspect |
| | Sex: M F U | | Co-Worker | Probable | Y N U | Other: ____/____/____ to ____/____/____ | Date: ____/____/____ | |
| | DOB(dd/mm/yyyy): ____/____/____ | Email: _____ | Health Care Worker | Not a Case | If yes, onset: ____/____/____ | | Died: Y N U | |
| | Describe the nature of contact with case patient: | | | | | | | Date: ____/____/____ |

- Case Status:** Follow case definitions at [URL](#).
- Level of Contact:** Direct contact involves touching or providing care for a person. Indirect contact involves speaking to or touching items belonging to patient.