**VIRAL HEMORRHAGIC FEVER CONTACT LISTING FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Case Information** | |  | |  | | | | | | |
| **Case ID** | **Surname** | **Other Names** | **Head of Household** | | **Village** | **Sub-County** | **District** | **Date of Symptom Onset** | **Date of Admission to Isolation** | **Date of Death** |
|  |  |  |  | |  |  |  |  |  |  |

**\*\**For all information on location, please list information on where the contact will be residing for the next month.***

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| **Contact Information** | | | | | | | | | | | | | |
| **Surname** | **Other Names** | **Sex (M/F)** | **Age (yrs)** | **Relation to Case** | **Date of Last Contact with Case** | **Type of Contact**  **(1,2,3,4)\* list all** | **Head of Household** | **Village** | **District** | **Sub-County** | **Village Leader** | **Phone Number** | **Healthcare Worker (Y/N)**  ***If yes,* what facility?** | |
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**\*Types of Contact:**

**1 = Touched the body fluids of the case (blood, vomit, saliva, urine, feces)**

**2 = Had direct physical contact with the body of the case (alive or dead)**

**3 = Touched or shared the linens, clothes, or dishes/eating utensils of the case**

**4 = Slept, ate, or spent time in the same household or room as the case**

**Contact Sheet Filled by: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**