

OMB Approved
0920-XXXX
Expiration Date: XX/XX/XXXX

***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: _____