



**\*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: \_\_\_\_\_