

County: _____

Appendix 1H

Source Case Serial No: _____

SARS Contact Record

Name: _____

Sex: _____ DOB: _____

Race/Ethnicity: _____

Pregnant: _____ Underlying Medical Conditions: _____

Contact Information:

Home Address: _____

Work Address: _____

Phone: _____

Phone: _____

Cellular Phone: _____

Exposure History:

First Exposure: _____ Last Exposure: _____

Frequency/Duration: _____

Exposure Ongoing? _____

Type of Exposure: _____

Closest Distance: _____

Exposure Timing: _____

If HCW, facility Name: _____

If HCW, exposure to an Aerosol Generating Procedure? Y / N / Unk. If yes, describe: _____

If HCW and/or exposed to an aerosol generating procedure, list PPE Used:	
Eye Protection:	Y / N / Unk
Respiratory	
N95:	Y / N / Unk
Other mask:	Y / N / Unk
Gown:	Y / N / Unk
Gloves:	Y / N / Unk

Outcome:

Symptoms Present? Y / N / Unk

If Yes, Date of Onset: _____ Symptoms: _____ Date of Resolution: _____

Medical Exam? _____ If Yes, Date of Exam: _____

MD Name: _____ MD Telephone No. _____

Isolation: Start date: _____ End date: _____

If Contact under Quarantine: Start date: _____ End date: _____

SARS Administrative Data:

Initiating Agency: _____ Investigating Agency: _____

Assigned To: _____ Supervisor: _____

Date Notified: _____ Disposition: _____ Disposition Date: _____

SARS Dx. Y / N / Unk If yes, Dx. Date: _____ HIN Serial #: _____