

County: _____

Case Serial No. _____

Source Case Serial No. _____

SARS Case Interview Record

Symptom History:

Date of Symptom Onset: _____ Date of Fever Resolution: _____

Case Status: _____ CDC Classification: _____ Investigation Close Date: _____

Report Source: _____

Assigned To: _____ Supervisor: _____ Interviewed By: _____

Date: _____ Interview Method: _____

Surrogate Interview? Source of Infection Known?

Infectious Period (From 24 hours prior to symptom onset to 10 days after symptom resolution): ___/___/___ to ___/___/___

~~SARS Case Travel History~~

	<u>Depart Date</u>	<u>Depart Location</u>	<u>Arrive Date</u>	<u>Arrive Location</u>	<u>Transport Type</u>
1.	_____	_____	_____	_____	_____
	Transportation Company/Follow up information: _____				
2.	_____	_____	_____	_____	_____
	Transportation Company/Follow up information: _____				

~~SARS Case Activity (Include work, school, large group gatherings, additional travel, etc.)~~

<u>Activity Description: (including location)</u>	<u>Start Date</u>	<u>End Date</u>	<u># People Present</u>	<u>County</u>
1. _____	_____	_____	_____	_____
Event Organizer/Supervisor/Follow up information: _____				
2. _____	_____	_____	_____	_____
Event Organizer/Supervisor/Follow up information: _____				
3. _____	_____	_____	_____	_____
Event Organizer/Supervisor/Follow up information: _____				

SARS Contact List

<u>Name</u>	<u>Dates of Exposure</u>	<u>Closest Distance</u>	<u>Frequency</u>	<u>Type Exposure</u>	<u>County</u>
1. _____	_____	_____	_____	_____	_____
Address: _____		Phone: _____			
2. _____	_____	_____	_____	_____	_____
Address: _____		Phone: _____			
3. _____	_____	_____	_____	_____	_____
Address: _____		Phone: _____			