SARS Contact Surveillance Form

Contact ID#_______________

1. CASE ID #: ____________________________________ 2. CASE NAME: ______________________________________

3. Date of Interview: _____/_____/_______ 4. Type of Interview: ☐ telephone ☐ face-to-face

5. Name of case household or primary contact: ____/________/_________________

Last First Middle Suffix Nickname/Alias

6. SEX (Circle): Male Female 7. AGE: ________

8. Date of last exposure to case: _____________/____________/____________

9. Record the temperature each day in the boxes below:

Temperature Daily Record	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10

10. Contact telephone number: ____

11. Signs and symptoms:

SIGNS And SYMPTOMS	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
	C ☐ H ☐ D ☐ P ☐ B ☐ A ☐	C ☐ H ☐ D ☐ P ☐ B ☐ A ☐	C ☐ H ☐ D ☐ P ☐ B ☐ A ☐	C ☐ H ☐ D ☐ P ☐ B ☐ A ☐	C ☐ H ☐ D ☐ P ☐ B ☐ A ☐	C ☐ H ☐ D ☐ P ☐ B ☐ A ☐	C ☐ H ☐ D ☐ P ☐ B ☐ A ☐	C ☐ H ☐ D ☐ P ☐ B ☐ A ☐	C ☐ H ☐ D ☐ P ☐ B ☐ A ☐	C ☐ H ☐ D ☐ P ☐ B ☐ A ☐

Key to above: C = cough; D = dyspnea (shortness of breath); B = difficulty breathing; H = hypoxia; P = pneumonia by CXR
A= Acute respiratory distress

For patients with continuous exposure to a case, monitor during exposure, and for 10 days after last exposure or after case's symptoms resolve: attach additional sheets as necessary

Contact ID#: _____

Contact Locating Information

Contact Name: _____

Name of Employer: _____

Employer Address: _____
Street

_____
City State Zip

Home Address: _____
Street

_____
City State Zip

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Locating notes: _____

_____

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