

VIRAL HEMORRHAGIC FEVER CONTACT LISTING FORM

Case Information

[illegible]

****For all information on location, please list information on where the contact will be residing for the next month.**

Contact Information

[illegible]

***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:** _____