

Form 2D: Contact Tracing Form

1. Last Name:					First Name:		MI:	Suffix:	Alias:	2. Street Address:					Apt #:						
3. City:		State:		4. Zip:		5. DOB:			6. Age (Yrs):		7. Ethnicity:		8. Race - Mark all that apply:			9. Sex:		20. Phone Number - Home:			
10. Height:		11. Size/Build:		12. Hair :		13. Complexion:		14. Pregnant?:		15. Primary Language Spoken:		16. English Spoken:		17. Name of Employer/School:			21. Phone Number - Cell:				
24. Exposure Dates:				25. Reported Case Number:				26. Date Interview of Reported Case:				18. Address of Employer/School:				19. Work Hours :		22. Phone Number - Work:			
Date of First Exposure:																					
Date of Last Exposure:																					
27. Contact Type (Mark One)			28. Priority Code *			30. Location, Epi Notes, and Other Relevant Information:												23. Phone Number - Other:			
Primary Contact																		23. Phone Number - Other:			
OOJ Primary Contact																					
29. Primary Contact Form 2D Number:						39. Disposition (Select One)															
Case Contact Priority Codes * 1 = Highest Priority - Case household contacts: All immediate family members; others spending > 3 hours in the household since case's onset of *symptom(s). 2 = Non household contacts with contact <6 feet with an infectious case for >= 3 hours. 3 = Non household contacts with contact <6 feet with an infectious case or < 3 hours. 4 = Non household contacts with contact >= 6 feet with an infectious case for >= 3 hours. 5 = Non household contacts with contact >= 6 feet with an infectious case for < 3 hours.						31. Date Form 2D Initiated:				32. Initiated By:				1. Located				2. Not Located			
						33. Date of Contact Notification:				34. Notified By:				1B Referred for Clinical Assessment, *Symptoms Present				2B Moved From Jurisdiction, To: _____			
						35. Disposition Date:				36. Dispo'ed By:				1C Already Hospitalized as Suspected Case, *Symptoms Present				3A Disease Suspected			
												1D Isolated, Not Vaccinated (within last 6 months) NOR Prophylaxed *Symptoms Not Present				3B Unrelated to Disease					
37. Follow-up Assignment Date:				38. Follow-up By:				1E Previously Vaccinated or Prophylaxed, *Symptoms Not Present				4. 4 Other : _____									
						41. Reviewed By:				42. Comments:											

*Symptoms: _____

PLAGUE: URGENTLY refer all asymptomatic contacts for post-exposure prophylaxis with antibiotics. Symptomatic contacts should be IMMEDIATELY isolated and referred for clinical assessment/treatment.