

**CONTACT LISTING AND FOLLOW-UP FORM****FORM - 2** (FOR FRONTLINE HEALTH WORKER)

Name of Epidemiologist / Medical Officer \_\_\_\_\_

Phone No: \_\_\_\_\_

Date: / /

**Details of Confirmed COVID-19 Case**

Central Surveillance ID	Full Name	Age (yrs)	Sex (M/F)	Detail Address	Occupation	Date of symptom onset	Date of Lab confirmation

Details of any travel history:

Duration of travel: \_\_\_\_\_

Name of Frontline Health Worker \_\_\_\_\_ Mob No. \_\_\_\_\_; Name of Supervisor \_\_\_\_\_ Mob No: \_\_\_\_\_

District \_\_\_\_\_ Block \_\_\_\_\_ Vill/Mohalla \_\_\_\_\_ Date of start of contact tracing \_\_\_/\_\_\_/\_\_\_

Sr No	Date of last exposure	Name of contact (HRC/LRC)	Age (yrs.)	Sex (M/F)	Address	Phone number	Day of follow - up (Put a 'X' if the contact has no symptom and put a 'V' if the contact has one of the following symptoms - fever, cough or difficulty breathing)																															
							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28				
1																																						
2																																						
3																																						
4																																						
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6																																						
7																																						

HRC/LRC: High Risk Contact / Low Risk Contact (Write HR or LR after the name of the contact)

\*Missing contact: A contact is not seen/reached by contact tracer on that particular day is considered as missing contact.

\*\*Lost to follow up contact: If a contact is not seen/reached for three consecutive days is considered as lost to follow up.