Non-STBBI and Non-VPD Contact Line List/Worksheet

Contact Line List/Worksheet

Investigation ID#____________ Index Client ID# ____________________ Organism:______________________________________

Communicable Period dates: from___________________ to ___________________

Page: _____ of _____

Prophylaxis criteria: ____

Uploaded to Panorama Index case investigation by _________________ on ______________.

Name of Individual or Group (sport team, school, etc)	Demographics	Contact Type & dates	History	Exclusion	Symptoms / Info Provided	Treatment/ Proph/ Testing	Comments	PHN	Contact Inv ID# (optional):	Referred to org:
Occupation:	Address Phone email	❑ Household ❑ School/daycare *list:* ❑ Other:	❑ Immunocompromised Meds:	❑ Work ❑ School ❑ Daycare	❑ Symptoms (specify): ❑ None	❑ Treatment/Prophylaxis Advised specify: ❑ Not Advised				
Guardian/Coach: # on team/in group _______	DOB Age HSN	**Date of last contact:**	❑ Medical disorder(s) ❑ Allergies:	❑ Preschool	❑ Education/Counselling *Date:*	❑ Testing Advised ❑ Req given	MHO Consulted:			
Occupation:	Address Phone email	❑ Household ❑ School/daycare *list:* ❑ Other:	❑ Immunocompromised Meds:	❑ Work ❑ School ❑ Daycare	❑ Symptoms (specify): ❑ None	❑ Treatment/Prophylaxis Advised specify: ❑ Not Advised				
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