

COVID-19 Contact Tracing and Isolation Follow Up List

Case ID:	Case Name:	Case phone number:
Case Address:	Nearest health facility:	Date of interview : <u> </u> / <u> </u> / <u> </u> (DD/MM/YY)
Data Collector name:	Data Collector phone:	Location of interview: <input type="checkbox"/> Facility <input type="checkbox"/> Community

Line No.	Assigned Contact ID	Phone Number	Age	Date of Last Contact with Case (DD/MM/YY)	Scheduled Date of Isolation End (DD/MM/YY)	Date Symptoms Develop (DD/MM/YY)	Referred for testing and results	Assigned Case ID ¹	Final Outcome ²
	Name of Contact	Address of Contact (Town/Village and Landmarks)	Sex						
1			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
2			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
3			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
4			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
5			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
6			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
7			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
8			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
9			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		

¹Received on positive test result or presumed positive.

²NS=Never had symptoms REC=recovered RF=refuse D=died L=Lost A=admitted