SARS CONTACT TRACING LINE LIST

COUNTY NAME:	_	Total number of individuals in Quarantine today:					
DAILY LINE LISTING for//	(mo/day/year)	Page of					
COMPLETED BY	(local health staff department member)						
TITLE CONTACT NUMB	ER ()						

Instructions: LHD should monitor contacts to every SARS case. Provide this information to state public health officials daily. This form may be used or if a locally developed form is used, include this minimum data set. A running line list may be submitted with daily changes added.

SARS Ca	SARS Case ID		Last Day of Exposure to	Quarantine Period	Quarantine Order	Nature of Contact ²	Contact Info	Case Closed (date)
Name ¹	SDN # (required)	or Local Identifier #	Case (date)	Ends (date)	(Y/N)	(HH, HC, WP, O)	(telephone)	(,

1 = If name is used, send via fax, not email.

2 = HH= household, HC=healthcare worker, WP=workplace, O=Other (specify)