

Supplemental List of Occupational Contacts* Since Date of Symptom Onset

EID: CDC ID:



Use this supplemental form to record information on occupational contacts identified who are not listed in the Case Investigation Form.

Date of interview: _____
 Name of informant: _____ Phone: _____ Relationship to Case: _____
 Name of interviewer: _____ Phone: _____ Affiliation: _____

List of Occupational Contacts* of a Confirmed Ebola Case (e.g. Health care Workers, Laboratory Workers, Funeral Home Staff)

No	First name	Last name	Sex	Occupation	Affiliation	Street address	City	State	Phone	Description of interaction
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

**See page 8 on Form E, N.C. Case Investigation Form (CDC FORM 1- Ebola Case Investigation Form – 11/13/2014) for guidance for interviewer on defining contact*