



# EBOLA CONTACT TRACING



## N.C. Contact Tracing Checklist

Name: \_\_\_\_\_

Date identified as potential contact: MM / DD / YYYY

Check when Complete	Task	Staff	Date	Public Health Official's Name
<input type="checkbox"/>	EID and CTID assigned	Data Manager		
<input type="checkbox"/>	C: <i>Contact Investigation Questionnaire</i> completed	LHD Nurse		
<input type="checkbox"/>	C: <i>Contact Investigation Questionnaire</i> entered into database	Data Manager		
<i>Check ONLY one:</i>				
<input type="checkbox"/>	No known exposure identified – monitoring not required	LHD Nurse		
<input type="checkbox"/>	High, some, or low (but not zero) risk exposure identified – monitoring is required			

If monitoring is required:				
<i>Indicate Type(s)</i>				
<input type="checkbox"/>	Direct Active Monitoring (End Date: MM / DD / YYYY)	LHD Nurse		
<input type="checkbox"/>	Active Monitoring (End Date: MM / DD / YYYY)	LHD Nurse		
<i>Check when complete:</i>				
<input type="checkbox"/>	Initial, in-person visit completed	LHD Nurse		
<input type="checkbox"/>	Documents provided to contact: D2: <i>Information for Persons Under Monitoring</i> D4: <i>Ebola Symptoms Monitoring Log</i> D5: <i>Visitor and Public Venue Log</i> D6: <i>Control Measures for Persons with Possible Exposure to Ebola</i>	LHD Nurse		
<i>Outcome</i>				
<input type="checkbox"/>	Contact became case during monitoring period NC EDSS Event ID:	LHD Nurse		
<input type="checkbox"/>	No symptoms reported during monitoring period, monitoring completed			