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

Upload to Case Investigaton when complete.

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: Guardian/Coach: # on team/in group _______	Address Phone email DOB Age HSN	❑ Household ❑ School/daycare *list:* ❑ Other: **Date of last contact:**	❑ Immunocompromised Meds: ❑ Medical disorder(s) ❑ Allergies:	❑ Work ❑ School ❑ Daycare ❑ Preschool	❑ Symptoms (specify): ❑ None ❑ Education/Counselling *Date:*	❑ Treatment/Prophylaxis Advised specify: ❑ Not Advised ❑ Testing Advised ❑ Req given	MHO Consulted:			
Occupation: Guardian/Coach: # on team/in group _______	Address Phone email DOB Age HSN	❑ Household ❑ School/daycare *list:* ❑ Other: **Date of last contact:**	❑ Immunocompromised Meds: ❑ Medical disorder(s) ❑ Allergies:	❑ Work ❑ School ❑ Daycare ❑ Preschool	❑ Symptoms (specify): ❑ None ❑ Education/Counselling *Date:*	❑ Treatment/Prophylaxis Advised specify: ❑ Not Advised ❑ Testing Advised ❑ Req given	MHO Consulted:			
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