Upload to Case Investigaton when complete. Non-STBBI and Non-VPD Contact Line List/Worksheet Organism:_____ **Contact Line List/Worksheet** Investigation ID#_____ Index Client ID#_____ Page: ____ of ____ Communicable Period dates: from ______ to _____ Referred to org: Uploaded to Panorama Index case investigation by ______ Prophylaxis criteria: ___ Name of Individual or Group Symptoms / Info Demographics Contact Type & dates PHN Treatment/ Proph/ Testing History Exclusion Comments (sport team, school, etc) Provided Address ☐ Work Symptoms (specify): ☐ Treatment/Prophylaxis Advised ☐ Household specify: Phone ☐ School/daycare ☐ Immunocompromised ☐ School email Meds: Daycare ☐ None ☐ Not Advised Occupation: Guardian/Coach: MHO Consulted: Age ☐ Testing Advised ☐ Medical disorder(s) ☐ Preschool ☐ Education/Counselling Other: HSN Date of last contact: Date: Req given ☐ Allergies: # on team/in group Address **□** Work ☐ Household Symptoms (specify): ☐ Treatment/Prophylaxis Advised Phone specify: ☐ School/daycare ☐ Immunocompromised ☐ School email Meds: Daycare ☐ None ☐ Not Advised list: Occupation: Guardian/Coach: DOB MHO Consulted: Age ☐ Testing Advised ☐ Preschool ☐ Education/Counselling Other: ■ Medical disorder(s) HSN Date of last contact: Date: Req given ☐ Allergies: # on team/in group Address ☐ Household ☐ Work ☐ Symptoms (specify): ☐ Treatment/Prophylaxis Advised specify: Phone ☐ Immunocompromised ☐ School ☐ School/daycare email Meds: **D**aycare ☐ None ☐ Not Advised Occupation: Guardian/Coach: MHO Consulted: DOB Age ☐ Education/Counselling ☐ Testing Advised Other: ☐ Medical disorder(s) ☐ Preschool Date of last contact: HSN Date: Req given ☐ Allergies: # on team/in group _____ Address ☐ Treatment/Prophylaxis Advised ☐ Household ☐ Work ☐ Symptoms (specify): specify: Phone ☐ Immunocompromised ☐ School ☐ School/daycare email Meds: Daycare ☐ None ☐ Not Advised Occupation: list: Guardian/Coach: MHO Consulted: DOB Age ☐ Testing Advised Other: ☐ Medical disorder(s) ☐ Preschool ☐ Education/Counselling HSN Date of last contact: Date:

Reg given

☐ Allergies:

on team/in group _