

# Contact Tracing Sheet

INDEX CASE			
<b>Hospital No</b>		<b>Ward</b>	<b>NHS No</b>
<b>Patient's Name</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
_____ (Last name)		_____ (First name)	
		<b>DOB</b> ____/____/____ <b>Age</b> _____	
CONTACT 1			
Dates of contact : ____/____/____		and ____/____/____	
<b>Hospital No</b>		<b>Ward</b>	<b>NHS No</b>
<b>Patient's Name</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
_____ (Last name)		_____ (First name)	
		<b>DOB</b> ____/____/____ <b>Age</b> _____	
CONTACT 2			
Dates of contact : ____/____/____		and ____/____/____	
<b>Hospital No</b>		<b>Ward</b>	<b>NHS No</b>
<b>Patient's Name</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
_____ (Last name)		_____ (First name)	
		<b>DOB</b> ____/____/____ <b>Age</b> _____	
CONTACT 3			
Dates of contact : ____/____/____		and ____/____/____	
<b>Hospital No</b>		<b>Ward</b>	<b>NHS No</b>
<b>Patient's Name</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
_____ (Last name)		_____ (First name)	
		<b>DOB</b> ____/____/____ <b>Age</b> _____	
CONTACT 4			
Dates of contact : ____/____/____		and ____/____/____	
<b>Hospital No</b>		<b>Ward</b>	<b>NHS No</b>
<b>Patient's Name</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
_____ (Last name)		_____ (First name)	
		<b>DOB</b> ____/____/____ <b>Age</b> _____	

