



Name of Index Case:					
	Contact	Contact	Contact	Contact	Contact
Name					
Personal Health Number					
DOB / Age					
Gender					
Parent's names (if < 18 years)					
Phone					
Doctor's name and phone number					
Is contact high risk? ❶	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate reason:
Date of contact with case					
Occupation					
Signs and symptoms					
Swab done?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:				
Prophylaxis recommended?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Antibiotic started?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, antibiotic: Date started:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, antibiotic: Date started:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, antibiotic: Date started:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, antibiotic: Date started:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, antibiotic: Date started:
Immunization status					

❶ High Risk Contacts:

- infants < 1 year of age (regardless of immunization status)
- pregnant women in the 3rd trimester
- all household contacts **IF** there is an infant < 1 year of age or a pregnant woman in the 3rd trimester in the household
- all those in a family daycare **IF** there is an infant < 1 year of age or a pregnant woman in the 3rd trimester in the daycare