



Measles/Rubella Contact Tracing Form
FINAL STATUS: CONFIRMED, PROBABLE, RULED OUT /NOT A CASE
NBS PATIENT ID#:
NBS INVESTIGATION ID#:
Patient's Name: last first
Address:
City: County: Zip:
DOB / / Age:
Parent/Guardian:
Home Phone: ()
Work Phone: ()
Other Phone: ()
Reported by:
Agency:
Phone: ()
Date reported: / /
Investigated by:
Agency:
Phone: ()
Email:
Date contacted: / /
Contact Name: NBS ID: Contact rash onset date: / /
Date of first contact: / / Date of last contact: / /
Relation to case: Household Family, not in household Co-worker Healthcare worker Friend
Other
Symptoms: Is contact symptomatic? Yes No Date of onset: / /
What symptoms:
Rash - Onset Date: / / Duration: Days Ongoing
Where did rash start?: Face Trunk Extremities
Fever - Onset Date: / / If recorded, highest measured temp: °F Subjective fever
Cough Corvza Coniunctivitis Otitis Diarrhea Arthralgia/Arthritis
Lvmphadenopathv Encephalitis Thrombocvtopenia
Immune Status: Vaccinated - Number of doses: Vaccinated within past 6-45 days? Yes No
History of measles/rubella Born before 1957 Evidence of immunity Not vaccinated Unknown
Public Health Contact: Control measures recommended Left message No contact made
Last date contact followed: / /
Notes: