



Measles/Rubella Contract Tracing Form

Measles Rubella

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 Coryza Conjunctivitis Otitis Diarrhea Arthralgia/Arthritis
Lymphadenopathy Encephalitis Thrombocytopenia

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: