



## **SURVEILLANCE FORM FOR SARS CONTACT TRACING**

Form number.....

Name of contact.....

Date:.....

Address.....

<b>Signs &amp; symptoms</b>	<b>Days</b>													
Fever (>38°C)	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Cough														
Shortness of breath														
Difficulty in breathing														
Contact with suspected person														
Anyother family member with above signs & symptoms (if more than 1, indicate number)														

**NB:** If anyother family member reports having the above symptoms thereby confirming to SARS case definition, they should be advised to go to their nearest health facility for assessment. This person must be treated as suspected case and be followed up accordingly.

**Comments** (outcome, referral ect)

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 CDC OFFICER