

EBOLA VIRUS DISEASE (EVD) CONTACT TRACING REPORT FORM

PART A: EVD CASE INFORMATION

Epi Case ID:

Surname:

Given Name:

City:

Province/Territory:

Postal Code:

Phone number(s):

PART B: CONTACT INFORMATION

NUMBER 1

Surname:

Given Name:

Sex (*male/female*):

Age (*years or months if under 2 years*):

Date of Last Contact with EVD case (*dd/mm/yyyy*):

Epidemiologic Risks* (*High-risk/Low-risk*):

City:

Province/Territory:

Phone Number:

Healthcare Worker (*yes/no*) *If yes facility:*

#Quarantine Unique ID (*if applicable*):

NUMBER 2

Surname:

Given Name:

Sex (*male/female*):

Age (*years or months if under 2 years*):

Date of Last Contact with EVD case (*dd/mm/yyyy*):

Epidemiologic Risks* (*High-risk/Low-risk*):

City:

Province/Territory:

Phone Number:

Healthcare Worker (*yes/no*) *If yes facility:*

#Quarantine Unique ID (*if applicable*):



NUMBER 3

Surname: Given Name:
Sex (*male/female*): Age (*years or months if under 2 years*):
Date of Last Contact with EVD case (*dd/mm/yyyy*):
Epidemiologic Risks* (*High-risk/Low-risk*):
City: Province/Territory:
Phone Number:
Healthcare Worker (*yes/no*) *If yes facility*:
#Quarantine Unique ID (*if applicable*):

NUMBER 4

Surname: Given Name:
Sex (*male/female*): Age (*years or months if under 2 years*):
Date of Last Contact with EVD case (*dd/mm/yyyy*):
Epidemiologic Risks* (*High-risk/Low-risk*):
City: Province/Territory:
Phone Number:
Healthcare Worker (*yes/no*) *If yes facility*:
#Quarantine Unique ID (*if applicable*):

NUMBER 5

Surname: Given Name:
Sex (*male/female*): Age (*years or months if under 2 years*):
Date of Last Contact with EVD case (*dd/mm/yyyy*):
Epidemiologic Risks* (*High-risk/Low-risk*):
City: Province/Territory:
Phone Number:
Healthcare Worker (*yes/no*) *If yes facility*:
#Quarantine Unique ID (*if applicable*):

EPIDEMIOLOGIC RISK*High-risk**

- Living in the same household and having direct contact with a symptomatic EVD case, such as bathing the individual, cleaning vomit, assisting with toileting, etc.
- Direct contact with a confirmed case with EVD symptoms their body fluids, their dead body, or any other known source of Ebola virus (e.g., their laboratory specimens) without adhering to recommended IPC precautions.
- Sexual contact with an acute or convalescent EVD case.

Low-risk

- Living in the same household but did not have direct contact with the case; or
- Having only casual interactions and no direct contact with an EVD case or their body fluids. Examples of casual interactions include sharing a seating area on public transportation or sitting in the same waiting room but no direct or indirect contact

#QUARANTINE UNIQUE ID

The Identification number the contact received from the PHAC quarantine officer when contact entered country.