

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

DATE VACCINATED \_\_\_\_ / \_\_\_\_ / \_\_\_\_ VACCINE LOT # \_\_\_\_\_ VACCINATED BY \_\_\_\_\_

CONTACT TRACER: Name \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ DATE BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX \_\_\_\_ SSN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

EXPOSURE TO CASE ID# \_\_\_\_\_ CASE SSN# \_\_\_\_\_

DATE 1<sup>ST</sup> EXPOSURE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DATE LAST EXPOSURE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date	Type of Contact	Time of Contact	Signs and Symptoms				Vaccination Site*	Meds taken since last contact	Contacted By
			Temp °F	Yes or No					
				Headache	Backache	Malaise			
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\*From the following list, choose the letter closest to the bottom of the list that describes the vaccination site. For example, if the vaccination site is read and indurated on a particular day, you would write only the letter "I."

- O – No Reaction
- R – Redness
- I – Induration
- P – Papule, Pustule
- U – Ulcer
- S – Scab

