ST. EDWARD SCHOOL

FORM D

Clinic Services

CONTACT TRACING REPORT

Index Case No. [redacted] Index Case Name: [redacted]

Index Case Symptom Onset Date: [redacted]

Investigating Epidemiologist: Nurse Rhitz

[TO BE COMPLETED BY THE INVESTIGATING EPIDEMIOLOGIST]

Last Name, First Name	DOB	Phone No.	First Date of Exposure	Last Date of Exposure	Relationship to case	Experienced Symptoms?	Description of Interaction with Case	Other Comments
	On record	On record						