



Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941 (phone), 213-482-4856 (facsimile)
publichealth.lacounty.gov/acd/

Investigator name: _____ Phone: (____) _____ District/Program: _____
Facility/Institution (if applicable): _____ Date first completed: ____/____/____ Updated (if needed): ____/____/____

CASE INFORMATION

CMR ID#	Case name	Address, City, State, ZIP	Phone	Alternate contact & phone	Symptom onset date	Isolation date
	Last	_____	_____	_____	____/____/____	____/____/____
	First					
	Sex					

CONTACT INFORMATION

No	Full name Last First	Sex	Age (yr) DOB	Relationship to case Exposure setting	Date of last exposure to case	Risk classification (High,Some,Low, None)*	No. and Street City, State, ZIP	Phone	Health District
1				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					
2				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					
3				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					
4				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					
5				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					
6				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					

*Risk Classification: Refer to the B-73 for Ebola.

CONTACT INFORMATION (CONTINUED)

No	Full name Last First	Sex	Age (yr) DOB	Relationship to case Exposure setting	Date of last exposure to case	Risk classification (High,Some,Low, None)*	No. and Street City, State, ZIP	Phone	Health District
7				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					
8				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					
9				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					
10				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					
11				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					
12				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					
13				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					
14				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					
15				Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HCW <input type="checkbox"/> Work/school <input type="checkbox"/> EMS/EMT <input type="checkbox"/> Other: _____					

*Risk Classification: Refer to the B-73 for Ebola.