First three letters of patient's last name: | | | |

HOUSEHOLD CONTACTS - DETAILS					
Name 5	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐Yes ☐No ☐Unk
	Telephone Number	*Similar illness?* ☐Yes ☐No ☐Unk		*Onset Date (mm/dd/yyyy)*	*Comment*
Name 6	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐Yes ☐No ☐Unk
	Telephone Number	*Similar illness?* ☐Yes ☐No ☐Unk		*Onset Date (mm/dd/yyyy)*	*Comment*
Name 7	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐Yes ☐No ☐Unk
	Telephone Number	*Similar illness?* ☐Yes ☐No ☐Unk		*Onset Date (mm/dd/yyyy)*	*Comment*
Name 8	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐Yes ☐No ☐Unk
	Telephone Number	*Similar illness?* ☐Yes ☐No ☐Unk		*Onset Date (mm/dd/yyyy)*	*Comment*
Name 9	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐Yes ☐No ☐Unk
	Telephone Number	*Similar illness?* ☐Yes ☐No ☐Unk		*Onset Date (mm/dd/yyyy)*	*Comment*
Name 10	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐Yes ☐No ☐Unk
	Telephone Number	*Similar illness?* ☐Yes ☐No ☐Unk		*Onset Date (mm/dd/yyyy)*	*Comment*
Name 11	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐Yes ☐No ☐Unk
	Telephone Number	*Similar illness?* ☐Yes ☐No ☐Unk		*Onset Date (mm/dd/yyyy)*	*Comment*
Name 12	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐Yes ☐No ☐Unk
	Telephone Number	*Similar illness?* ☐Yes ☐No ☐Unk		*Onset Date (mm/dd/yyyy)*	*Comment*
Name 13	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐Yes ☐No ☐Unk
	Telephone Number	*Similar illness?* ☐Yes ☐No ☐Unk		*Onset Date (mm/dd/yyyy)*	*Comment*
Name 14	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐Yes ☐No ☐Unk
	Telephone Number	*Similar illness?* ☐Yes ☐No ☐Unk		*Onset Date (mm/dd/yyyy)*	*Comment*
Name 15	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐Yes ☐No ☐Unk
	Telephone Number	*Similar illness?* ☐Yes ☐No ☐Unk		*Onset Date (mm/dd/yyyy)*	*Comment*
Name 16	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐Yes ☐No ☐Unk
	Telephone Number	*Similar illness?* ☐Yes ☐No ☐Unk		*Onset Date (mm/dd/yyyy)*	*Comment*
Name 17	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐Yes ☐No ☐Unk
	Telephone Number	*Similar illness?* ☐Yes ☐No ☐Unk		*Onset Date (mm/dd/yyyy)*	*Comment*