APPENDIX K

COUNTY OF LOS ASSESS														
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	SCABIES CASE/CONTACT LINELIST FORM: HEALTHCARE WORKER													
IP Name: Date:	-				í		Contact Person:							
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Healthcare Worker Name	Age	Sex	Job Title	Location Description Rash	Date Onset Sx	Dx Eval by	Usual Work Assignment	Other Work Assignment	Skin Scraping (Y/N)	Scabicide Dates	Follow Up Results	Family Member Sx	Procedure	Family Member Tx
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