APPENDIX J
FACILITY NAME
SCABIES CASE/CONTACT LINELIST FORM: HEALTHCARE WORKER(S)

IP Name: _____ Contact Person: _____
Date: _____

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