Date:_____ Ebola Contact Tracking Tool Name of Case_____

	Last name	**First name**	**PHIN #**	Ph #	**DOB or Age**	CA/ RHA	Exposure setting	Date(s) of exposure	**Meets close contact definition Yes/No**	**Active daily monitoring (refer to Temp Monitoring form)**	**Self-Monitoring**	**No f/u required**	Add'l comments
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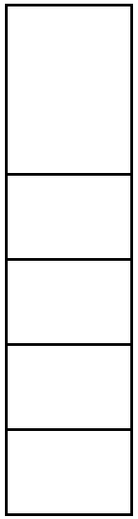
Additional details