

APPENDIX F

SCABIES CASE/CONTACT LINE-LISTING FORM: EMPLOYEES

Organism/Disease: _____
Submitted by (Name/Facility): _____
Telephone Number: _____

Initial Report Date: ___/___/___
Interim Report Date: ___/___/___
Final Report Date: ___/___/___

Employee Name	Sex	Age	Job Title	Location/Description of Rash	Date of Symptom Onset	Dx'd/Eval. By (Name)	Usual Work Assign	Other Work Assign. 6 wks Prior to Sx	Scabicide/Dates of Rx	Follow-Up/ Dates, Results	Family Members Sx	Common Procedures (Only if pertinent)	Family Members Rx'd

APPENDIX G

SCABIES CASE/CONTACT LINE-LISTING FORM: PATIENTS

Organism/Disease: _____
Submitted by (Name/Facility): _____
Telephone Number: _____

Initial Report Date: ___/___/___
Interim Report Date: ___/___/___
Final Report Date: ___/___/___

Patient Name	Age/ Sex	Medical Record Number	Adm. Date/ Prior Adm.	Curr. Ward Bed No.	Disch Date/ To Where	Adm. Dx./ Current Dx.	Dates Exposed to Scabies (Exposure Period)	Bed/Ward since Exposed	Dr.'s Name	Evaluated for Scabies	Scabies Signs/ Sympt.	Scabicide Rx/ Dates