**COVID-19 CONTACT LINE LIST**

Complete a contact line list for every person under investigation for Coronavirus disease 2019 (COVID-19).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Details of person under investigation/confirmed COVID-19 case** | | | | | | |
| **RSA Identity number / Passport number** | |  | | | **Residential address** |  |
| **First name** |  | | | |  |  |
| **Surname** |  | | | | **District** |  |
| **Contact number** |  | | | | **Province** |  |
| **Date of birth** |  | | **Date of sample collection** |  | **Testing laboratory** |  |

**Details of contacts** (*With close contact1 from the date of symptom onset, or during symptomatic illness.)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Surname** | **First name(s)** | **Sex (M/F)** | **Age (Y)** | **Relation to case2** | **Date of last contact with case** | **Place of last contact with case (Provide name and address)** | **Residential address (for next month)** | **Phone number(s), separate by semicolon** | **HCW3 or school-going/teacher? (Y/N)**  ***If Yes, facility/school name*** |
| 1 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 2 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 3 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 4 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 5 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 6 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 7 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 8 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |

1 *Close contact: A person having had face-to-face contact (≤2 metres) or was in a closed environment with a COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. 2 Chose from: Spouse, Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle. 3 Healthcare worker.*

**Details of contacts** (*With contact1 from the date of symptom onset, or during symptomatic illness.)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Surname** | **First name(s)** | **Sex (M/F)** | **Age (Y)** | **Relation to case2** | **Date of last contact with case** | **Place of last contact with case (Provide name and address)** | **Residential address (for next month)** | **Phone number(s), separate by semicolon** | **HCW3 or school-going/teacher? (Y/N)**  ***If Yes, facility/school name*** |
| 9 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 10 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 11 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 12 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 13 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 14 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 15 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 16 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 17 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 18 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 19 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 20 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |
| 21 |  |  |  |  |  | **DD/MM/YYYY** |  |  |  |  |

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