

## Contact Follow-Up Sheet

*For each contact to a meningococcal case that is identified, record the information itemized below. Besides household contacts, consider best friends and the information they can provide about contacts that the case may have had. Medical personnel who had contact with the case's oral secretions (e.g., through mouth-to-mouth resuscitation, etc.) should also be recorded.*

NAME	AGE	SEX	TYPE OF CONTACT* (by # below)	DATE(S) OF CONTACT	PHONE NUMBER	ADDRESS	RECOMMENDED PROPHYLAXIS?	PROPHYLAX IS TAKEN? (self-report)	PROPHY TYPE(S)
							Yes No	Yes No Unk	
							Yes No	Yes No Unk	
							Yes No	Yes No Unk	
							Yes No	Yes No Unk	
							Yes No	Yes No Unk	
							Yes No	Yes No Unk	
							Yes No	Yes No Unk	
							Yes No	Yes No Unk	
							Yes No	Yes No Unk	
							Yes No	Yes No Unk	
							Yes No	Yes No Unk	

- \*Type of contact:
- (1) Household
  - (2) Shared food, drinks, cigarettes, lipstick, or other articles put in/on mouth
  - (3) Intimate social contact
  - (4) Day care center or preschool center contact
  - (5) Medical personnel
  - (6) Other, explain