Attachment B

PERTUSSIS CONTACT WORKSHEET (1/99)

Case Name:_____

NO.	NAME OF CONTACT (PHONE)	TYPE	AGE	SEX	RELATIONSHIP TO CASE	SYMPTOMS	TESTING STATUS / CONFIRMED CASE?	TREATMENT	<11 YRS DT(a)P Hx
		☐ HOUSEHOLD ☐ OTHER (SPECIFY)		☐ M ☐ F		COLD SYMPTOMS Y ☐ N ☐ COUGH Y ☐ N ☐ COUGH ONSET DATE___/___/__ ≥ 2 WKS COUGH Y ☐ N ☐ PAROXYSM ☐ WHOOP ☐ VOMITING ☐		TYPE - ---------- START DATE _____/____/____	# DT(a)P'S _____ DATE OF LAST DT(a)P ____/____/____ BOOSTER RECOMMENDED ☐
		☐ HOUSEHOLD ☐ OTHER (SPECIFY)		☐ M ☐ F		COLD SYMPTOMS Y ☐ N ☐ COUGH Y ☐ N ☐ COUGH ONSET DATE___/___/__ ≥ 2 WKS COUGH Y ☐ N ☐ PAROXYSM ☐ WHOOP ☐ VOMITING ☐		TYPE - ---------- START DATE _____/____/____	# DT(a)P'S _____ DATE OF LAST DT(a)P ____/____/____ BOOSTER RECOMMENDED ☐
		☐ HOUSEHOLD ☐ OTHER (SPECIFY)		☐ M ☐ F		COLD SYMPTOMS Y ☐ N ☐ COUGH Y ☐ N ☐ COUGH ONSET DATE___/___/__ ≥ 2 WKS COUGH Y ☐ N ☐ PAROXYSM ☐ WHOOP ☐ VOMITING ☐		TYPE - ---------- START DATE _____/____/____	# DT(a)P'S _____ DATE OF LAST DT(a)P ____/____/____ BOOSTER RECOMMENDED ☐
		☐ HOUSEHOLD ☐ OTHER (SPECIFY)		☐ M ☐ F		COLD SYMPTOMS Y ☐ N ☐ COUGH Y ☐ N ☐ COUGH ONSET DATE___/___/__ ≥ 2 WKS COUGH Y ☐ N ☐ PAROXYSM ☐ WHOOP ☐ VOMITING ☐		TYPE - ---------- START DATE _____/____/____	# DT(a)P'S _____ DATE OF LAST DT(a)P ____/____/____ BOOSTER RECOMMENDED ☐

NO INFANT IN HOUSEHOLD ☐ **INFANT(S) IN HOUSEHOLD** ☐

COMMENTS