COVID-19 CONTACT LINE LISTING FORM Form-1(TO BE FILLED BY EPIDEMIOLOGIST/MEDICAL OFFICER) Phone No: Name of Epidemiologist/Medical Officer Date of listing contact: **Details of Confirmed COVID-19 Case Central Surveillance ID:** Details of Sex ID Age Duration of **Full Name Detail Address** Occupation Date of symptom Date of lab any Travel No (yrs.) (M/F) travel confirmation history onset Details of contacts and places visited (2 days before and up to 14 days of symptom onset) Place of Place of Date of last High risk / exposure quarantine Sr exposure to Age Sex Name of contact **Detail Address** Occupation (community (home / Mobile number Low risk (M/F) No confirmed (yrs.) / health facility / no contact case care) quarantine) 1 2 3 4 5 6 7 8 9 Number of persons met Number of persons Mobile number State / dist Duration Mode of Vehicle Name of place visited **Detail Address** informed Date of visit met of stay (facility / person) travel detail 1

2					
3					

Use extra sheet of paper to write additional information, if any.