Interim MERS Contact Investigation Form
Use this form to gather information about contacts.

<table>
<thead>
<tr>
<th>PHIMS ID# __________________________</th>
<th>Case Name:__________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case status (circle one): Confirmed</td>
<td>Probable Patient Under Investigation Case symptom onset: ___ ___ / ___ ___ / ___</td>
</tr>
</tbody>
</table>

| Contact Name:________________________ | Phone:__________________________ Alt. Phone:________________________ |
|---------------------------------------|---------------------------------|------------------|
| Street Address:______________________ | City:____________________ County:____________________ |
| DOB: ___ ___ ___ ___ / ___ ___ ___  | Age:____ |

Y / N Did LHJ reach contact?

Y / N If contact resides out of county, was DOH notified?

What is the relationship of contact to case?

- Household member
- Healthcare worker – hospital
- Healthcare worker – outpatient
- Emergency Medical Service Provider
- Airplane travel
- Other

Describe contact’s exposure to case patient and location of exposure: __________________________________________

Date of first exposure to case: ___ ___ ___ ___ / ___ ___ ___  Date of last exposure to case: ___ ___ ___ ___ / ___ ___ ___

Date 14 days since last exposure: ___ ___ ___ ___ / ___ ___ ___

Close contact is defined as
1) any person who stayed at the same place (e.g. lived with, visited) as the patient while the patient was ill, and,
2) any person who provided care for the patient, including a healthcare worker or family member, or had similarly close physical contact.

Y / N Was there a risk exposure (listed below) with the case during the period the case patient was symptomatic? If yes, follow guidelines for risk exposure and monitor for symptoms of early illness for 14 days from the last exposure.

- Caring for or living with a person with MERS
- High likelihood of direct contact with respiratory secretions and/or body fluids of a person with MERS (during encounters with the patient or through contact with materials contaminated by the patient)
- Kissing or embracing
- Sharing eating or drinking utensils
- Close conversation (<6 feet)
- Physical examination
- Direct physical contact between persons
- Contact with stool from a person with MERS

Risk exposure does not include actions such as walking by or sitting in a waiting room or office across from a case for a brief time.

For healthcare worker with risk exposure, was exposure to case patient:

Y / N Unprotected (i.e., not wearing respiratory protection, eye protection or using a respirator for any patient care)
Y / N Protected (i.e., eye protection, respiratory protection including use of respirator for all patient care)

Duration of exposure:

- < 1 Hour
- Several hours
- Entire day
- > 1 day

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Y / N Is contact symptomatic with any of the following symptoms?

- [ ] Dry cough
- [ ] Productive cough
- [ ] Shortness of breath
- [ ] Sore throat
- [ ] Runny nose
- [ ] Diarrhea
- [ ] Vomiting
- [ ] Abdominal pain
- [ ] Headache
- [ ] Muscle aches
- [ ] Chills
- [ ] Fever

Highest temperature _____ °F

If YES, date of first symptom onset: __ __ / __ __ / __ __

Action:

If contact is symptomatic, contact is a patient under investigation (PUI). Go to PUI case report form.

If contact is not symptomatic, implement symptom watch for 14 days from last exposure.

Y / N Symptom watch If YES, start date: __ __ / __ __ / __ __ stop date: __ __ / __ __ / __ __

How will symptoms be monitored?

- [ ] Self-monitored
- [ ] Monitored by PH staff
- [ ] Monitored by IC/Employee Health

Y / N Case given infection control recommendations

- [ ] Mailed
- [ ] Verbally
- [ ] Date given: __ __ / __ __ / __ __

Y / N Employee Health notified (if contact is healthcare worker)

Name of person notified: __________________________________________________________

Date of notification: __ __ / __ __ / __ __

Y / N Are there others with similar exposures? If yes, collect name, address, phone number and start a new contact form for each.