

MONKEYPOX CONTACT LISTING FORM

Case information

Name	Surname	Contact details	Address/Location	Sub-district	District	Province	Date of symptom onset (dd/mm/yyyy)

Contact information

For all information pertaining to location, please list information on where the contact will be residing for the monitoring period should need arise

No	Name	Surname	Sex (M/F)	Age (yrs)	Relation to case	Date of last contact with case (dd/mm/yyyy)	Type of contact (1, 2, 3)*	Address/Location	City/Town	Sub- district	District	Province	Contact number	Occupation

*Types of contact

- 1 = Face-to-face exposure without wearing appropriate PPE
- 2 = Direct physical contact with skin/skin lesions (e.g. sexual)
- 3 = Contact with contaminated materials (e.g. clothing, bedding, utensils)

Person completing form:

Name & Surname: _____ Occupation: _____ Contact number: _____ Date: _____ Facility name: _____