|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CASE DETAILS** | | | | | |
| **Infectious Disease** | | **Measles** | **Period of Infectiousness** | **Date From** | **Date To** |
|  |  |
| **Location(s)** | | | **Date(s)** | **Time(s) From** | **Time(s) To** |
| **Area(s) attended and Time(s)** |  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STAFF CONTACTS** | | | | | | | | |
| **Name** | | **Dates in Work** | | **Appropriate PPE worn?** | | **Did the staff member have face to face contact for any length of time, or spend 15 mins in a confined space with the case?** | | **Staff Immunity Status (Occupational Health)** |
| **From** | **To** | **Yes** | **No** |
| **Yes** | **No** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |