## PERTUSSIS CONTACT WORKSHEET

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of contact (phone)</th>
<th>Type</th>
<th>Age</th>
<th>Sex</th>
<th>Relationship to case</th>
<th>Symptoms</th>
<th>Testing Status /Confirmed Case</th>
<th>Treatment</th>
<th>Vaccination</th>
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**Comments:**

- Cold symptoms: [Y/N] Yes/No
- Cough: [Y/N] Yes/No
- Date Onset: ___/___/___
- ≥2 weeks: [Y/N] Yes/No
- Paroxysm: [ ]
- Whoop: [ ]
- Vomiting: [ ]
- Tested: [Y/N] Yes/No
- SLI ID: ____________
- Type: ____________
- Treatment: ____________
- Booster recommended: [Y/N] Yes/No
- Sex: M/F (Specify)
- Relationship to case: Household/Other (Specify)
- Date Onset: ___/___/___
- ≥2 weeks: [Y/N] Yes/No
- Paroxysm: [ ]
- Whoop: [ ]
- Vomiting: [ ]
- Tested: [Y/N] Yes/No
- SLI ID: ____________
- Type: ____________
- Treatment: ____________
- Booster recommended: [Y/N] Yes/No
- Sex: M/F (Specify)
- Relationship to case: Household/Other (Specify)
- Date Onset: ___/___/___
- ≥2 weeks: [Y/N] Yes/No
- Paroxysm: [ ]
- Whoop: [ ]
- Vomiting: [ ]
- Tested: [Y/N] Yes/No
- SLI ID: ____________
- Type: ____________
- Treatment: ____________
- Booster recommended: [Y/N] Yes/No
- Sex: M/F (Specify)
- Relationship to case: Household/Other (Specify)
- Date Onset: ___/___/___
- ≥2 weeks: [Y/N] Yes/No
- Paroxysm: [ ]
- Whoop: [ ]
- Vomiting: [ ]
- Tested: [Y/N] Yes/No
- SLI ID: ____________
- Type: ____________
- Treatment: ____________
- Booster recommended: [Y/N] Yes/No
- Sex: M/F (Specify)
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- Date Onset: ___/___/___
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- Paroxysm: [ ]
- Whoop: [ ]
- Vomiting: [ ]
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- Whoop: [ ]
- Vomiting: [ ]
- Tested: [Y/N] Yes/No
- SLI ID: ____________
- Type: ____________
- Treatment: ____________
- Booster recommended: [Y/N] Yes/No