

Appendix 6: Close Contact Daily Clinical Update Form

Contact Information								
Name of contact:				Date of	birth:			
Date of last exposure to case: Estimated		Estimated iso	Estimated isolation period end date:		Contact Risk level:			
COVID-19 test collection date: COVID-19 t		COVID-19 test r	D-19 test result: Number of day		umber of days between exposu	s between exposure and test collection date:		
Received COVID-19 vaccination: Yes No If yes, Existing medical conditions:		No If yes, ple	yes, please complete the following: Date of vaccination: Dose #1 Vaccine product: □ Modern		Dose #2 Dose #2 Dose #2			
Follow Up Date	Symptoms		Counselling/Needs/Referrals		Additional Comments	Signature of Interviewer		
	☐ Yes Date of onset: ☐ No ☐ Resolved Symptoms:		Self-isolate Self-monitor Testing recommended Contact CHN if symptoms develop or worsen Seek medical attention, including emergency care as required Discussed follow up plan Identified supports needed to self-isolation Identified needs: Referrals made:					
	☐ Yes Date of onset: ☐ No ☐ Resolved Symptoms:		Self-isolate Self-monitor Testing recommend Contact CHN if symp Seek medical attent Discussed follow up Identified supports i	otoms deve ion, includir plan	ng emergency care as required			

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	□ Yes Date of onset: □ No □ Resolved Symptoms:	Referrals made: O Self-isolate O Self-monitor O Testing recommended O Contact CHN if symptoms develop or worsen O Seek medical attention, including emergency care as required Discussed follow up plan O Identified supports needed to self-isolation Identified needs:		
	☐ Yes Date of onset: ☐ No ☐ Resolved Symptoms:	Referrals made: O Self-isolate O Self-monitor O Testing recommended O Contact CHN if symptoms develop or worsen O Seek medical attention, including emergency care as required O Discussed follow up plan O Identified supports needed to self-isolation Identified needs: Referrals made:		

Progress Notes					
Progress Notes Date	Comments				
Date					