

**Pertussis Close Contact Investigation Worksheet**

Location: \_\_\_\_\_

Completed by: \_\_\_\_\_

Index Case Name: \_\_\_\_\_

NBS ID#: \_\_\_\_\_

Date: \_\_\_\_\_

Page: \_\_\_ of \_\_\_

Name:	Hospitalized? Y N	Any cough? Y N	Antibiotics given? Y N	Dose 1 date:	Transmission setting:  Home Day Care School Doctor's Office Hospital Travel Unknown Other:
DOB:	Pregnant? Y N	Cough onset date: _____	Azithromycin	Dose 2 date:	
Gender: Male Female	Immuno-compromised? Y N	Paroxysmal cough? Y N	Other: _____	Dose 3 date:	
Relation to case:	Contact w/infants? Y N	Whoop? Y N	Start date: _____	Dose 4 date:	
Address:	Attend school or childcare? Y N	Post-tussive vomiting? Y N	Chest X-Ray for Pneumonia? Not Done Unk Pos Neg	Dose 5 date:	
Comment:		Apnea? Y N		Dose 6 date:	
		Cough at time of interview? Y N		Reason for inadequate vaccination coverage: Religious exemption Medical exemption Unknown	
		Duration of cough: _____ (# days)			
		Complications (i.e., seizures, acute encephalopathy? Y N			
Name:	Hospitalized? Y N	Any cough? Y N	Antibiotics given? Y N	Dose 1 date:	Transmission setting:  Home Day Care School Doctor's Office Hospital Travel Unknown Other:
DOB:	Pregnant? Y N	Cough onset date: _____	Azithromycin	Dose 2 date:	
Gender: Male Female	Immuno-compromised? Y N	Paroxysmal cough? Y N	Other: _____	Dose 3 date:	
Relation to case:	Contact w/infants? Y N	Whoop? Y N	Start date: _____	Dose 4 date:	
Address:	Attend school or childcare? Y N	Post-tussive vomiting? Y N	Chest X-Ray for Pneumonia? Not Done Unk Pos Neg	Dose 5 date:	
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DOB:	Pregnant? Y N	Cough onset date: _____	Azithromycin	Dose 2 date:	
Gender: Male Female	Immuno-compromised? Y N	Paroxysmal cough? Y N	Other: _____	Dose 3 date:	
Relation to case:	Contact w/infants? Y N	Whoop? Y N	Start date: _____	Dose 4 date:	
Address:	Attend school or childcare? Y N	Post-tussive vomiting? Y N	Chest X-Ray for Pneumonia? Not Done Unk Pos Neg	Dose 5 date:	
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