

SCABIES CASE/CONTACT LINE LIST FORM: PATIENTS

Submitted by (Name & Title): _____

Date: _____

Facility: _____

Outbreak #: _____

Patient Name	Age/ Sex	Medical Record Number	Adm. Date	Dx Date	Curr. Unit/ Bed No.	Dates - Exposure Period	Bed/Unit since Exposed	Scabies Signs/ Symp.	Dr.'s Name / Date Evaluated	Skin Scraping Results	Scabicide Rx/ Dates

SCABIES CASE/CONTACT LINE LIST FORM: EMPLOYEES

Submitted by (Name & Title): _____

Date: _____

Facility: _____

Outbreak #: _____

Employee Name	Job Title	Location/ Description of Rash	Date of Symptom Onset	Dx'd/ Eval. By (Name)	Usual Work Assign	Skin Scraping	Scabicide Dates of Rx	Follow-Up/ Dates, Results	Family Members Sx	Family Members Rx'd

*Include employees, family and other non-patient contacts