## Pertussis Contact Investigation Worksheet

**Case Name:**

---

### Contact Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB: / /</th>
<th>Phone:</th>
<th>Address</th>
<th>Race:</th>
<th>Ethnicity:</th>
<th>DOB: / /</th>
<th>Phone:</th>
<th>Address</th>
<th>Race:</th>
<th>Ethnicity:</th>
<th>DOB: / /</th>
<th>Phone:</th>
<th>Address</th>
<th>Race:</th>
<th>Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Demographics

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
<th>Address</th>
<th>City:</th>
<th>State:</th>
<th>Relationship to Case</th>
<th>Symptoms</th>
<th>Treatment/Prophy Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Symptoms

|                   |          |                   |          |                   |          |                   |          |                   |          |                   |          |                   |          |                   |          |                   |
|                   |          |                   |          |                   |          |                   |          |                   |          |                   |          |                   |          |                   |          |                   |

- Cold symptoms
- Cough. Onset date __/__/___
- Cough for 2 wks or more
- Paroxysm
- Whoop
- N/A
- Azithromycin
- Dose 1
- Dose 2
- Dose 3
- Dose 4
- Dose 5
- Dose 6

### Treatment/Prophy Recommendations

- Dose 1
- Dose 2
- Dose 3
- Dose 4
- Dose 5
- Dose 6

### Immunization History

*Document only medically verified pertussis vaccine, i.e., school records, immunization card, health care provider records. Parent/guardian verbal report is not a medically verified report.*

### Contact Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
<th>Address</th>
<th>City:</th>
<th>State:</th>
<th>Relationship to Case</th>
<th>Symptoms</th>
<th>Treatment/Prophy Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Symptoms

|                   |          |                   |          |                   |          |                   |          |                   |          |                   |          |                   |          |                   |          |                   |
|                   |          |                   |          |                   |          |                   |          |                   |          |                   |          |                   |          |                   |          |                   |

- Cold symptoms
- Cough. Onset date __/__/___
- Cough for 2 wks or more
- Paroxysm
- Whoop
- N/A
- Azithromycin
- Dose 1
- Dose 2
- Dose 3
- Dose 4
- Dose 5
- Dose 6

### Treatment/Prophy Recommendations

- Dose 1
- Dose 2
- Dose 3
- Dose 4
- Dose 5
- Dose 6

### Immunization History

*Document only medically verified pertussis vaccine, i.e., school records, immunization card, health care provider records. Parent/guardian verbal report is not a medically verified report.*

**Comments:**

---

Rev 10/13