

## MONKEYPOX CONTACT MONITORING TOOL

### Details of confirmed monkeypox case

Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth (dd/mm/yyyy): \_\_\_\_\_ Age (yrs): \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

### Details of contact (person under observation)

Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth (dd/mm/yyyy): \_\_\_\_\_ Age (yrs): \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Address/Location: \_\_\_\_\_ Sub-district: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_

Date of last contact with case: \_\_\_\_\_ Place of last contact: \_\_\_\_\_ Relation to case: \_\_\_\_\_

Type of contact (1, 2, 3): \_\_\_\_\_ Occupation: \_\_\_\_\_ Place of employment/School: \_\_\_\_\_

**Details of observation officer:** Name & Surname: \_\_\_\_\_ Contact number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Person completing the form should initial daily in row 3 below\* - (next page) - may vary depend on type of monitoring (passive, active or direct)\*\*

\*\* Passive monitoring: persons under observation self-monitor themselves

Active monitoring: health official checks at least once a day if a person under observation has self-reported signs/symptoms

Direct monitoring: health official conduct daily physical visit

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**Instruction for completion:** Mark “Y” if symptom present and “N” if not. If self-monitoring, the person under observation should notify the observation officer if symptoms develops

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Date(dd/mm)																						
Seen by*																						
Fever (if Y, indicate temperature if measured in below)																						
am temperature																						
pm temperature																						
Headache																						
Chills																						
Sore throat																						
Muscle aches																						
Fatigue																						
Rash																						
Lymphadenopathy																						
Other (specify)																						