

**MPOX CONTACT LISTING FORM**  
**15 March 2023**

**Case information**

Name	Surname	Contact details	Address/Location	Sub-district	District	Province	Date of symptom onset (dd/mm/yyyy)

**Contact information**

*For all information pertaining to location, please list information on where the contact will be residing for the monitoring period should need arise*

No	Name	Surname	Sex (M/F)	Age (yrs)	Relation to case	Date of last contact with case (dd/mm/yyyy)	Type of contact (1, 2, 3)*	Address/Location	City/Town	Sub- district	District	Province	Contact number	Occupation

**\*Types of contact**

- 1 = Face-to-face exposure without wearing appropriate PPE
- 2 = Direct physical contact with skin/skin lesions (e.g. sexual)
- 3 = Contact with contaminated materials (e.g. clothing, bedding, utensils)

**Person completing form:**

Name & Surname: \_\_\_\_\_ Occupation: \_\_\_\_\_ Contact number: \_\_\_\_\_ Date: \_\_\_\_\_ Facility name: \_\_\_\_\_