

Viral Haemorrhagic Fever (VHF) Contact Active Monitoring Form Version 1.1, 28/05/2018



Section A - Using this form		
Contact of Event ID Only applicable to contacts	of a case in Ireland.	
Surname: Forename:		
Has this person been assessed using the VHF contact assessment form?	es No Unknown	
·	ssessment before filling in this form.	
Type of Viral haemorrhagic fever:		
Ebola Lassa fever	.,	
Marburg Other arenavirus, please spec Crimean-Congo Haemorrhagic Fever	ity [
Other viral haemorrhagic Fever If other, please specify		
Risk Category:		
Risk category assigned? Is active monitoring required?		
Non healthcare worker low risk Yes		
Non healthcare worker high risk No		
I I I a a lite a a va a va a vi a vi a vi a vi a la	ring is required, please continue.	
Healthcare worker high risk Otherwise active of	laily monitoring is not necessary.	
Period of surveillance (from the VHF contact assessment form):		
Period of surveillance remaining days End date		
Section B – Daily Monitoring		
Please turn over to complete daily monitoring. One page should be used for each day; photocopy as required.		
Section C - Outcome		
Outcome of Monitoring Please tick one of the following three options:		
Patient completed monitoring If patient diagnosed with illness other than VHF during monitoring period		
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Diagnosis 1:	Date	
Diagnosis 2:	Date	
Diagnosis 3:	Date	
Diagnosis 3:		
Diagnosis 3: Patient diagnosed with VHF If patient diagnosed with VHF, date of diagnosis		
Diagnosis 3: Patient diagnosed with VHF If patient diagnosed with VHF, date of diagnosis CIDR Event ID CIDR Outbreak ID		
Diagnosis 3: Patient diagnosed with VHF If patient diagnosed with VHF, date of diagnosis		
Diagnosis 3: Patient diagnosed with VHF If patient diagnosed with VHF, date of diagnosis CIDR Event ID CIDR Outbreak ID		
Diagnosis 3: Patient diagnosed with VHF If patient diagnosed with VHF, date of diagnosis CIDR Event ID Patient lost to follow-up		
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Section D - Daily monitoring record			
Date: Day no. since See contact ID See contact management log (if applicable))		
Temperature:			
Time (HH:MM): Temperature: Oral Axil Aural			
Time (HH:MM): Temperature: Oral Axil Aural			
Fever ≥ 37.5°C ? Yes No			
Symptoms:			
Any symptoms? Yes No If yes, please record below.			
Yes No Unknown Headache Fatigue Loss of appetite Muscle pain Joint pain Hiccups No Unknown Yes No Unknown Yes No Unknown Yes No Unknown Rash Bileeding Diarrhoea Rash Bruising Bleeding Nausea Vomiting	wn		
Other, please specify			
Comments:			
Signature Entered on contacts management log (if applicable))		
Completed outcome (section D pg 1) on day 21			
Please photocopy as required			