NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division in the National Health Laboratory Service

2019-nCoV DAILY CONTACT MONITORING TOOL

Complete for each contact of confirmed case

health
Department: Health
REPUBLIC OF SOUTH AFRICA

Details of contact of case under investigation/confirmed case			
NICD Identifier		Date of contact	DD/MM/YYYY
Surname		Name	
Date of birth	DD/MM/YYYY	Gender	
Physical address		District	
House number		Street	
Contact number		Alternative number	

Details of health official completing this form		Date completing form	DD/MM/YYYY
Surname		Name	
Role		Facility name	
Email address		Telephone number	
Province		Town	
Suburb			
Next of Kin name and surname		Next of Kin contact number	

Instructions for completion: Mark "Y" if symptom present and "N" if not. If any first five symptoms are present collect a combined nasopharyngeal and oropharyngeal swab. Refer to 2019-nCOV Quick Guide (link) for additional details.

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Date (DD/MM)														
Fever	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N
Chills	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N
Cough	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N
Sore throat	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N
Shortness of breath	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N
Myalgia/body pains	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N
Diarrhea	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N	☐Y☐N