**FORM FOR REPORTING OCCURRENCE OF CASE(S)**

**Name of suspected case :**

**Division :**

**List of persons in contact with the suspected case(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the contact****S/Shri/Smt/Kum.** | **Risk category (to be filled-in by HoD)** |  | **Remarks by CMO / MOs (Recommended for COVID-19 test) to be indicated** |
| **High Risk Contact** | **Low Risk Contact** | **Date of Vaccination**  | **HoDs to mention the reasons of High reason contact** | **YES/NO** |
| **1.** |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |

Signed by HOD

To :

1. CoA - for immediate action
2. CMO - for update of records and forwardal to CoA for measures.