Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HPZ number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rash onset date (DDMMYYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not known

Assessment at notification: Unlikely  Likely  Epi-confirmed  Lab-confirmed

Country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Susceptible community member?

Orthodox Jewish  Traveller, Roma or Gypsy  Steiner

Other (e.g. other religious communities, Romanian community)  Please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact with suspected or confirmed measles case? Yes  No  Unknown

**If yes,** Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HPZ number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: (DDMMYYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did contact occur? (DDMMYYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **During the incubation period (7 to 21 days prior to symptom onset):**  Please use additional rows for more than one occurrence | | | | | | | | | | | | |
| **Attendance at healthcare setting?** | | | | Yes  No  Unknown | | | | | | | | |
| Provider name | Provider address | | | | Date attended | | | Isolated? | | | | Admitted? |
|  |  | | | |  | | |  | | | |  |
|  |  | | | |  | | |  | | | |  |
| **Travel within the UK or abroad?** | | | | Yes  No  Unknown | | | | | | | | |
| Town/country | | Date of travel | | | | Date of return | | | Airline/rail/coach details/numbers | | | |
|  | |  | | | |  | | |  | | | |
|  | |  | | | |  | | |  | | | |
| **Attendance at mass gathering?** | | | | Yes  No  Unknown | | | | | | | | |
| Name of event | | Town, country | | | | | Date of attendance | | | | Date of departure | |
|  | |  | | | | |  | | | |  | |
|  | |  | | | | |  | | | |  | |
| **Attendance at school/work?** | | | | Yes  No  Unknown | | | | | | | | |
| Name of school/workplace | | | Town/city | | | | | | | Date(s) attended | | |
|  | | |  | | | | | | | to | | |
|  | | |  | | | | | | | to | | |
| **Other context(s) not listed** | | | | | | | | | | | | |
| Name | | | | | | | Date | | | | | |
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| **During the infectious period (4 days before to 4 days after rash onset):**  Please use additional rows for more than one occurrence | | | | | | | | | | | | |
| **Attendance at healthcare setting?** | | | | Yes  No  Unknown | | | | | | | | |
| Provider name | Provider address | | | | Date attended | | | Isolated? | | | | Admitted? |
|  |  | | | |  | | |  | | | |  |
|  |  | | | |  | | |  | | | |  |
| **Travel within the UK or abroad?** | | | | Yes  No  Unknown | | | | | | | | |
| Town/country | | Date of travel | | | | Date of return | | | Airline/rail/coach details/numbers | | | |
|  | |  | | | |  | | |  | | | |
|  | |  | | | |  | | |  | | | |
| **Attendance at mass gathering?** | | | | Yes  No  Unknown | | | | | | | | |
| Name of event | | Town, country | | | | | Date of attendance | | | | Date of departure | |
|  | |  | | | | |  | | | |  | |
|  | |  | | | | |  | | | |  | |
| **Attendance at school/work?** | | | | Yes  No  Unknown | | | | | | | | |
| Name of school/workplace | | | Town/city | | | | | | | Date(s) attended | | |
|  | | |  | | | | | | | to | | |
|  | | |  | | | | | | | to | | |
| **Other context(s) not listed** | | | | | | | | | | | | |
| Name | | | | | | | Date | | | | | |
|  | | | | | | |  | | | | | |
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