

List of contacts of patients with novel coronavirus infection

(Attachment 3-2)

Patient ID _____

Patient name: _____

Investigator name: _____

List of contacts (individual health observation should be conducted using Attachment 3-3 Health observation checklist)

Contact No.	Pronunciation Name	Relationship	Age	Sex	Date of last contact with the patient	Underlying conditions*1	Disease development during observation*2	Contact info (Tel, e-mail, etc.)	Notes (details of contact, etc.)
						no / yes	no / yes		
						no / yes	no / yes		
						no / yes	no / yes		
						no / yes	no / yes		
						no / yes	no / yes		
						no / yes	no / yes		
						no / yes	no / yes		
						no / yes	no / yes		
						no / yes	no / yes		
						no / yes	no / yes		
						no / yes	no / yes		
						no / yes	no / yes		

*1: Refer to "underlying conditions" of the Patient Clinical Symptom Survey Form (Attachment 1). If "yes", fill in the details in "Notes" column), *2: The observation period should be up to 14 days after the last contact with the patient. If "yes", this contact should be investigated as a patient, using the Patient Clinical Symptoms Survey Form (Attachment 1).