

Daily Reporting Format (Supervisory / Block)
(FOR SUPERVISOR/BLOCK)

-FORM-3

Central Surveillance ID: _____

Date of Start of Contact Tracing: ____ / ____ / ____ Date of Reporting: ____ / ____ / ____

Village/ Mohalla _____ Block _____

District _____ State _____

Name of Supervisor: _____ PH No: _____

| Reporting parameters | Day 1 | Last week (every Tuesday) |
|--|-------|------------------------------|
| Total number of frontline health workers deployed | | |
| Total number of contacts for tracing under the supervisor / block | | |
| Number of new contacts added | | |
| Number of contacts followed up | | |
| Number of contacts not found | | |
| Number of contacts lost to follow up | | |
| Number of contacts who had / developed symptoms | | |
| Number of symptomatic contacts referred to case investigation team | | |
| Number of contacts from whom sample was collected | | |
| Number of contacts completing 14 days quarantine period from the date of last exposure | | |

Name of contacts developing symptoms

Name of contacts referred to case investigation team

Remarks, if any: