

MR OB FORM-2

Exposure to suspected cases 7-21 days before the onset of rash (dated between &										
(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(9)	(10)
Name and address	Birth date/ age in years	Sex (M/F)	Total number of measles vaccine doses	Date of last dose	Suspected measles case (fever, rash, 3 C's) Yes/No	Date of rash onset	Samples taken (serum, throat, swab)	Places visited 7-21 days before rash onset (possible exposure sites)	Date(s) of investigation of places describe in column 8	Geo-Coordinates of the contact, if available

Remarks