

Appendix 3

INFECTION CONTROL CONTACT PATIENT RECORD SHEET

Index Case (Hospital Number) Initial Visit Date :

Ward:

Type of Infection: Ward Staff:

IPCT Staff:

Clinical area (i.e. bay/annex)..... closed to admissions from to

Patients Details:	Bay/Area	Swab/s taken (give details)	Results
1		Date:	
2		Date:	
3		Date:	p.t.o.

Patients Details:	Bay/Area	Swab/s taken (give details)	Results
4		Date:	
5		Date:	
6		Date:	
7		Date:	
8		Date:	