## **Public Health Outbreak Tracing Data Form**

Case ID	
Date Reported	
Reporting Agency	
Topolary (gene)	
Patient Name	
Date of Birth	
Gender	
	▼
Home Address	
City	
State/Province	
State/Filovince	
Zip/Postal Code	
Phone Number	
Email	
Computer and	
Symptoms	
Date of Symptom Onset	
Exposure History	
Class Contacts (Names 9 Contact Datails)	
Close Contacts (Names & Contact Details)	
Notes / Additional Information	