i. Date of intake
ii. Name of Suspected/Confirmed Case
iii. Type of Contact
iv. Risk level
v. Date of most recent contact
vi. First name
vii. Last name
viii. Date of Birth
ix. Current Age
x. Sex at Birth
xi. Current Age
xii. Telephone number 1
xiii. Next of Kin name
xiv. Next of Kin telephone number
xv. GPS Coordinates
xvi. Street Number
xvii. Street Name
xviii. District
xix. Community
xx. Parish
xxi. Landmark
xxii. Symptomatic/Asymptomatic
xxiii. Date of onset of symptoms
xxiv. Fever (Y/N)
xxv. Cough (Y/N)
xxvi. Shortness of breath (Y/N)
xxvii. Other, specify
xxviii. Comments