

Tracking Log for First Responders with Potential Contact to a Suspect Ebola Case

RESPONSE INFORMATION		
Date of Call:	Location of Call:	Town:
EMS Agency:		
Other Agencies on Scene:		
Receiving Hospital:		

LIST <u>ALL</u> FIRST RESPONDERS WHO WERE ON SCENE			
Name	Agency	Phone number	Direct Patient Contact
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

