

Details of confirmed mpox case

Name: _____ Surname: _____ Date of birth (dd/mm/yyyy): _____ Age (yrs): _____ Sex (M/F): _____

Details of contact (person under observation)

Name: _____ Surname: _____ Date of birth (dd/mm/yyyy): _____ Age (yrs): _____ Sex (M/F): _____

Address/Location: _____ Sub-district: _____ District: _____ Province: _____

Date of last contact with case: _____ Place of last contact: _____ Relation to case: _____

Type of contact (1, 2, 3): _____ Occupation: _____ Place of employment/School: _____

Details of observation officer: Name & Surname: _____ Contact number: _____ Occupation: _____

Person completing the form should initial daily in row 3 below* - (next page) - may vary depend on type of monitoring (passive, active or direct)**

** Passive monitoring: persons under observation self-monitor themselves

Active monitoring: health official checks at least once a day if a person under observation has self-reported signs/symptoms

Direct monitoring: health official conduct daily physical visit or visually examine via video for signs of illness

Instruction for completion: Mark “Y” if symptom present and “N” if not. If self-monitoring, the person under observation should notify the observation officer if symptoms develops

MONITORING TOOL FOR MPOX CONTACTS
15 March 2023

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Date(dd/mm)																					
Seen by*																					
Fever (if Y, indicate temperature if measured in below)																					
am temperature																					
pm temperature																					
Headache																					
Chills																					
Sore throat																					
Muscle aches																					
Fatigue																					
Rash																					
Lymphadenopathy																					
Other (specify)																					
Other (specify)																					