## New Jersey Department of Health Communicable Disease Service

## SCABIES CASE LINE LIST: STAFF

<u>E-</u>

| Facility Name |  |  |   |                       | Reporte  | Reported By |                   |                     |                    |                                 | Telephone/Email |                   |                              |                             | eport Date |  |
|---------------|--|--|---|-----------------------|----------|-------------|-------------------|---------------------|--------------------|---------------------------------|-----------------|-------------------|------------------------------|-----------------------------|------------|--|
| Initials      |  | Location(s)<br>Worked<br>Prior to<br>Treatment | Usual Job Duties<br>(e.g., patient care,<br>housekeeping) | Symptom<br>Date Onset | Symptoms |             |                   |                     | MD                 | Confirmatory Diagnostic Testing |                 | Treatment         |                              |                             |            |  |
|               |  |  |   |                       | Burrows  | Rash        | Severe<br>Itching | Skin<br>Excoriation | Diagnosed<br>(Y/N) | Skin<br>Scraping                | Test Date       | Treatment<br>Done | Initial<br>Treatment<br>Date | Repeat<br>Treatment<br>Date | Comments   |  |
| 1             |  |  |   |                       |          |             |                   |                     |                    |                                 |                 |                   |                              |                             |            |  |
| 2             |  |  |   |                       |          |             |                   |                     |                    |                                 |                 |                   |                              |                             |            |  |
| 3             |  |  |   |                       |          |             |                   |                     |                    |                                 |                 |                   |                              |                             |            |  |
| 4             |  |  |   |                       |          |             |                   |                     |                    |                                 |                 |                   |                              |                             |            |  |
| 5             |  |  |   |                       |          |             |                   |                     |                    |                                 |                 |                   |                              |                             |            |  |
| 6             |  |  |   |                       |          |             |                   |                     |                    |                                 |                 |                   |                              |                             |            |  |
| 7             |  |  |   |                       |          |             |                   |                     |                    |                                 |                 |                   |                              |                             |            |  |
| 8             |  |  |   |                       |          |             |                   |                     |                    |                                 |                 |                   |                              |                             |            |  |
| 9             |  |  |   |                       |          |             |                   |                     |                    |                                 |                 |                   |                              |                             |            |  |
| 10            |  |  |   |                       |          |             |                   |                     |                    |                                 |                 |                   |                              |                             |            |  |