



NITHA PUBLIC HEALTH UNIT

HIV Contact List Form

(Upon completion, PLEASE fax back to confidential fax # (306) 953 5020)

Index Case Name: _____ Date of Birth: _____ PHN: _____

Contact's Name	Date of Birth / Age	Address	Relationship to Case ¹ (Pls check)	Contact Risk ² (Pls check)
			<input type="checkbox"/> MC <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> SP <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> O _____
			<input type="checkbox"/> MC <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> SP <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> O _____
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Legend:

1. Relationship to case

- MC - Marital / common law
- S - Sibling
- C - Children
- SP - Sexual Partner (casual / regular)
- F - Friend

2. Contact Risk

- S - Sexual
- I - IVDU
- O - Other (specify)

Comments: