

Appendix C – Staff Line Listing Scabies (Symptomatic)

Date: _____ Site/Facility/Department/Unit: _____ Phone Number: _____

Full Name	D.O.B D/M/Y	Sex	Discipline	Date of Onset	Symptoms and Frequency	Duration	Date Last Worked	Date Returned	Date Spec. Collected	Result	Comment (e.g. work elsewhere)

Code for Symptoms
R - Rash
I - Itching
Anything else, specify exact symptom