

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

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

<b>LIST <u>ALL</u> FIRST RESPONDERS WHO WERE ON SCENE</b>			
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
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			<input type="checkbox"/> Yes <input type="checkbox"/> No
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