**RESTRICTED ACCESS**

**DO NOT ENTER WITHOUT WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)**

* **Everyone who enters this room, from when the patient arrives until the room is cleaned, must sign in on the log below.**
* **Anyone who had contact with the patient BEFORE s/he entered this room should also be listed.**
* **This list must be saved and sent to Health Services Agency/Public Health (209-558-5678)**

**Possible EVD Contact Log**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last and Last Name** | **Telephone Number** | **Residential Address** | **Description of Contact (proximity, physical contact, PPE worn, etc.)** | **Time Contact Began** | **Time Contact Ended** |
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