



Scabies ~ Contact Tracing Worksheet

Date: _____

Client's Name _____ Room _____

Client's Attending Physician: _____

Scabies Diagnosed by Whom? _____

Diagnosis Method: Skin Scraping _____ Visual Exam _____

Diagnosis Made: Scabies _____ Query Scabies _____ Other _____

Symptoms Reported: _____

Possible Contacts (Other Clients, Staff): _____

Did the client come from another facility? Yes _____ No _____

If yes, where? _____

If yes, date that facility was notified: _____

Has the resident had problems with skin lesions in the past? Yes _____ No _____

If yes, Date: _____ Symptoms: _____

Treatment given _____ Result _____

- Notification:
- Attending Physician
 - Infection Control Professional or Designate
 - Client Services Manager
 - Pharmacy
 - Laundry
 - Building Services