

Measles Close Contact (Exposed Individuals) Line List		
Contact Person Name: _____	County: _____	Outbreak Number: _____
Name of Case: _____	Contact Phone #: _____	

**Outbreak Number:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

[illegible]

1. Two doses of measles-containing vaccine, and you are a school-aged child (grades k-12) or an adult who will be in a setting that poses a high risk for measles transmission (healthcare workers, attending college, international travel)
2. One dose of measles-containing vaccine, and you are: a preschool-aged child or an adult who will not be in a high-risk setting
3. Laboratory confirmation of disease
4. Laboratory evidence of immunity
5. Persons who were born before 1957 (birth before 1957 is NOT considered evidence of immunity for healthcare workers)