

# Communicable Disease Management Contact List

EVENT:

<b>Local Health Department</b>	
Name:	Specific Job Title:
Phone:	Second Line:
Call Log Date	Notes

<b>CD Coordinator at Student Health Center</b>	
Name:	Specific Job Title:
Phone:	Second Line:
Call Log Date	Notes

<b>EH&amp;S</b>	
Name:	Specific Job Title:
Phone:	Second Line:
Call Log Date	Notes

## Communicable Disease Management Contact List

### Impacted Contacts (and/or Assist with Management):

<b>Housing</b>	
Name: _____ Specific Job Title: _____	
Phone: _____ Second Line: _____	
Call Log Date	Notes
<b>Dining</b>	
Name: _____ Specific Job Title: _____	
Phone: _____ Second Line: _____	
Call Log Date	Notes
<b>Dean of Students</b>	
Name: _____ Specific Job Title: _____	
Phone: _____ Second Line: _____	
Call Log Date	Notes
<b>Public Affairs/Media</b>	
Name: _____ Specific Job Title: _____	
Phone: _____ Second Line: _____	
Call Log Date	Notes
<b>Parents</b>	
Name: _____ Specific Job Title: _____	
Phone: _____ Second Line: _____	
Call Log Date	Notes
<b>Other</b>	
Name: _____ Specific Job Title: _____	
Phone: _____ Second Line: _____	
Call Log Date	Notes