Scabies Outbreak Staff Data

Please document ALL staff below. Include any symptoms of scabies.

Name/date of birth	Job	GP	Symptoms (Rash, itch, scaling skin, visible burrows)	Close contacts (frequent skin to skin contact e.g. children, sleeping partners etc.)	1st dose completed – (note product name + comments)	2nd dose completed – (note product name + comments)	1 month review - comments

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