

Form 2B: Smallpox Primary Contact/Site Worksheet

Please print

OMB NO. 0920-0008
Exp. Date: 06/2003

1. State 2. Case # _____

3. CASE NAME: _____ / _____ / _____ / _____ / _____
 Last First Middle Suffix Nickname/Alias

4. Interviewer Name: _____ / _____ / _____
 Last First Middle

5. Interview Date: ____ / ____ / ____
 MM DD YYYY

6. Date of fever onset: ____ / ____ / ____
 MM DD YYYY

***Contact Priority Category Codes:**

1 = (Highest priority) Case household contacts: all immediate family members; others spending ≥ 3 hours in the household since case's onset of rash
 2 = Non-household contacts with contact < 6 feet with case with rash for ≥ 3 hours
 3 = Non-household contacts with contact < 6 feet with case with rash for < 3 hours

4 = Non-household contacts with contact ≥ 6 feet with case with rash for ≥ 3 hours
 5 = Non-household contacts with contact ≥ 6 feet with case with rash for < 3 hours

7. Name of Person (Last, First) and/or Name of Site	8. Date of First Exposure	9. Date of Last Exposure	10. Closest Distance in feet (Circle)	11. Longest Duration in Hours (Circle)	12. Contact Priority Category*	13. Form 2D #	14. Notes:
	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			

Public reporting burden of this collection of information is estimated to average ___ minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0008).