

Form 2E: Smallpox Case Household and Primary Contact Surveillance Form

OMB NO. 0920-0008

Exp. Date: 06/2003

Please print

I. CASE INFORMATION (Filled out by interviewer)																					
1. *CASE ID#: _____																					
II. HOUSEHOLD OR PRIMARY CONTACT INFORMATION (Questions marked with (*) to be filled out by interviewer)																					
*2. DATE OF HOUSEHOLD VISIT: ____/____/____ MM DD YYYY																					
*3. NAME OF CASE HOUSEHOLD OR PRIMARY CONTACT: _____ / _____ / _____ / _____ Last First Middle Suffix Nickname/Alias																					
*4. SEX (Circle): Male Female 5. AGE: _____ 6. HOUSEHOLD CONTACT/PRIMARY CONTACT FORM 2D# _____																					
*7. DATE OF LAST EXPOSURE TO CASE: ____/____/____ MM DD YYYY										8. DATE VACCINATED: ____/____/____ MM DD YYYY							9. CALL BACK DATE (7 days after vaccination) ____/____/____ MM DD YYYY				
III. HOUSEHOLD OR PRIMARY CONTACT CLINICAL SIGNS TRACKING (Filled out by Household or Primary Contact)												11. *[Insert telephone number or sticker here]									
*10. Record your temperature each day in the boxes below. If fever is 101° F or greater for two consecutive days, call the number provided immediately:																					
Temperature Daily Record	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11										
*12. If rash develops, mark the day the rash started below, and call the number provided:																					
Rash	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
*13. If you develop any of the severe vaccine adverse reactions shown on the Vaccination Information Statement, call:												14. *[Insert telephone number or sticker here]									
*15. For non-emergencies or if you have questions, call:												16. *[Insert telephone number or sticker here]									

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).