

# Form 3B: Bioterrorism (BT) Agent Case Travel/Activity Worksheet – Exposure Period

Please print

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 case symptoms onset\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

**RECORD ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THIS FORM**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:

START HERE

*\*Insert dates prior to onset of symptoms associated with minimum and maximum incubation period as follows:*  
**PLAGUE:** 1 to 7 days      **VHF:** 2 to 21 days      **ANTHRAX:** 1 to 7 days; up to 60 days  
**TULAREMIA:** 1 to 14 days      **BOTULISM:** 2 hours to 8 days