Form 2A: Smallpox Case Travel/Activity Worksheet - Infectious Period

Please print

1. State [ ]

2. Case # ____________________________

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

4. Interviewer Name: ____________________________

5. Interview Date: __/__/__________
   Last First Middle
   MM DD YYYY

6. Date of fever onset: __/__/__________
   MM DD YYYY

F=Fever, R=Rash, C=Cough

RECORD ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THIS FORM

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE:</td>
<td>DATE:</td>
<td>DATE:</td>
<td>DATE:</td>
<td>DATE:</td>
<td>DATE:</td>
<td>DATE:</td>
</tr>
<tr>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
</tr>
<tr>
<td>R</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
</tbody>
</table>

START 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).