Form 3C: ***Smallpox Case Transportation Worksheet – Exposure Period***

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

COMPLETE AS MUCH INFORMATION AS POSSIBLE FOR EACH TYPE OF TRANSPORTATION USED BY CASE 19 DAYS PRIOR TO FEVER ONSET.

7. Date of Travel	8. Time of Travel (____:____) [AM /PM (Circle)]	9. Transport Type (e.g., bus, train, plane, car)	10. Carrier/Company Name	11. Route/ Flight #	12. Origin City	13. Origin State	14. Origin Country	15. Destination City	16. Destination State	17. Destination Country
____/____/____ MM DD YYYY	____ : ____ AM / PM									
____/____/____ MM DD YYYY	____ : ____ AM / PM									
____/____/____ MM DD YYYY	____ : ____ AM / PM									
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____/____/____ MM DD YYYY	____ : ____ AM / PM									
____/____/____ MM DD YYYY	____ : ____ AM / PM									

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).