

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

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

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 fever onset: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

F=Fever, R=Rash, C=Cough

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

START HERE

| SUNDAY   | MONDAY   | TUESDAY  | WEDNESDAY  | THURSDAY   | FRIDAY   | SATURDAY   |
|--|--|--|--|--|--|--|
| DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C | DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C | DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C | DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C | DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C | DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C | DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C |
| DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C | DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C | DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C | DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C | DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C | DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C | DATE: <input type="checkbox"/> F<br><input type="checkbox"/> R<br><input type="checkbox"/> C |
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*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).*