

**Form 2F: Smallpox Case Primary Contact's Household Members Surveillance Form**

OMB NO. 0920-0008

Exp. Date: 06/2003

Please print

**I. CASE INFORMATION (Filled out by interviewer)**

1. \*CASE ID#: \_\_\_\_\_

**II. PRIMARY CONTACT INFORMATION (Questions marked with (\*) to be filled out by interviewer)**

\*2. DATE OF HOUSEHOLD VISIT: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

\*3. NAME OF PRIMARY CONTACT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Suffix Nickname/Alias

\*4. PRIMARY CONTACT FORM 2D# \_\_\_\_\_

**III. INFORMATION ABOUT PRIMARY CONTACT'S HOUSEHOLD MEMBERS (Filled out by primary contact or household member)**

5. *Form 2D #	6. Last name	7. First name	8. MI	9. Sex	10. Date vaccinated	11. Call Back Date
					____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
					____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
					____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
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					____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
					____/____/____ MM DD YYYY	____/____/____ MM DD YYYY

12. If anyone develops any of the severe vaccine adverse reactions shown on the Vaccination Information Statement, call:

13. \*[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).*