Form 3A: Smallpox Case Exposure Investigation Form

1. STATE 2. Case #

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

Case Exposure/Source Information			3. INTERVIEW DATE: Month Day Year
Case Information			
4. CASE NAME:			//
(Last)	(First)	(Middle)	(Suffix) (Nickname)
5. ADDRESS:			
Street Address, Apt #.	City		State Zip Code
6. Case Classification: Confirmed Probable	Suspect	Jnknown	
Information on possible source of infection - IND	VIDUALS		
7. DO YOU KNOW FROM WHOM YOU CAUGHT THIS ILLNESS? IF NO OR UNKNOWN, GO TO QUESTION 10.	☐ Yes	No 🗌 Unknown	
IF YES, GIVE NAME, ADDRESS, AND TELEPHONE NUMBER			
Name (LAST, FIRST) Street Address, Apt #.	City	State	Zip Code Area Code Number
8. DATE OF LAST EXPOSURE: Month Day Year			
9. DID THE PERSON HAVE ANY OF THE FOLLOWING SIGNS OR S	YMPTOMS (MARK ALL TH	AT APPLY):	
RASH: PAPULES/BUMPS FEVER RASH: VESICLES COUGH RASH: PUSTULES (FLUID FILLED) RASH: CRUSTS/SCABS		ERELY ILL OBILE	
10. DO YOU KNOW OF ANY OTHER PERSON WITH AN ILLNESS LI IF YES, GIVE NAME, ADDRESS, AND TELEPHONE NUMBER		🗌 No 📄 Unkr	nown
I TES, SIVE NAME, ADDRESS, AND TELEFITONE NOMBER			
Name (LAST, FIRST) Street Address, Apt #.	City	State	Zip Code Area Code Number
11. DURING THE DATES FROM (Insert date: 21 days before rash o	TO TO (Insert da	te: 7 days before rash onse	BEFORE YOUR RASH ONSET, WERE YOU IN CONTACT WITH
DO YOU KNOW OF ANYONE WHO APPREARED TO HAVE:			
11a. CHICKENPOX:	Yes	No 🗌 Unknown	1
11b. A SEVERE RASH ON THE FACE AND/OR ARMS:	Yes	No Unknown	1
IF YES TO 11a OR 11b, GIVE THE NAME, ADDRESS AND TELEPH	ONE NUMBER OF THE IND	DIVIDUALS:	
Name (LAST, FIRST) Street Address, Apt #.	City	State	Zip Code Area Code Number
DATE OF LAST EXPOSURE: Month Day Year			
Name (LAST, FIRST) Street Address, Apt #.	City	State	Zip Code Area Code Number
DATE OF LAST EXPOSURE: Month Day Year			
Information on possible source of infection - PLA	CE		
12. DO YOU KNOW WHERE YOU CAUGHT THIS ILLNESS?	Yes	No Unknow	n
IF YES, NAME OF PLACE/EVENT:		TYPE OF PLACE	E/EVENT:
ADDRESS / LOCATION:			
Street Address, Apt #.		City	State Zip Code
DESCRIBE LOCATION:			TELEPHONE: Area Code Number
13. POSSIBLE DATE OF EXPOSURE: Month Day Ye	ar		14. TIME: AM / PM
15. ESTIMATED NUMBER OF PERSONS POTENTIALLY EXPOSED	AT THE SAME PLACE AN	D TIME AS CASE:	
LIST OTHERS POTENTIALLY EXPOSED (NAME, ADDRES	SS, TELEPHONE) ON F	REVERSE SIDE OF TH	IS FORM OR ON AN ADDITIONAL PIECE OF PAPER.

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).

Form 3A: Smallpox	Case Exposure	Investigation	Form
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STATE Case #

Name/Location Street Address, Apt # City State Zip Code Area Code Number Name/Location Street Address, Apt # City State Zip Code Area Code Number Name/Location Street Address, Apt # City State Zip Code Area Code Number Name/Location Street Address, Apt # City State Zip Code Area Code Number Name/Location Street Address, Apt # City State Zip Code Area Code Number Name/Location Street Address, Apt # City State Zip Code Area Code Number Name/Location Street Address, Apt # City State Zip Code Area Code Number Name/Location Street Address, Apt # City State Zip Code Area Code Number Name/Location Street Address, Apt # City State Zip Code Area Code Number Name/Location Street Address, Apt # City State Zip Code Area Code Number Name/Location Street Address,	LIST OF NAMES AND											
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IF YOU WORK, GO TO SCHOOL, OR TRANSPORT YOUR CHILDREN OR OTHER FAMILY MEMBERS, HOW DO YOU TRAVEL TO AND FROM THESE PLACES?	OTHER, SUCH	AS PLACE OF WOR	ship, gym, e	TC: Yes	🗌 No	IF YES, S	PECIFY: _					_
CAR ALONE, BICYCLE, WALK: Yes No CAR WITH OTHER PEOPLE IN THE VEHICLE AT LEAST SOMETIMES: Yes No BUS, TRAIN OR SUBWAY: Yes No I Yes No TAXI: Yes No OTHER, SPECIFY (E.G. PLANE): Yes No IF YES, SPECIFY: Image: Specify (E.G. PLANE): Yes No No	Please complete FOF	RM 3C – CASE	EXPOSU	RE TRANSPORT	ATION WOR	RKSHEET	for all	transpor	tation que	stions.		
BUS, TRAIN OR SUBWAY: Yes OTHER, SPECIFY (E.G. PLANE): Yes No IF YES, SPECIFY: NOTE: For regular travel schedule such as to and from work, indicate range of days and times if this is the same each day. DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU TRAVEL OUT OF TOWN (IF CITY, OUT OF URBAN AREA, IF RURAL, OUT OF COUNTY)? Yes No HOTEL/CONVENTION CENTER: Yes Yes No CHURCH, TEMPLE, MOSQUE OR OTHER PLACE OF WORSHIP: Yes Yes No AIRPORT: Yes Yes No THEATER (MOVIES/PLAY): Yes Yes No BUS, TRAIN OR SUBWAY: Yes	IF YOU WORK, GO TO SCHO	OOL, OR TRANSPOF	RT YOUR CH	LDREN OR OTHER FA	MILY MEMBER	RS, HOW DC	YOU TRA	AVEL TO ANI	D FROM THES	E PLACES?		
BUS, TRAIN OR SUBWAY: Yes OTHER, SPECIFY (E.G. PLANE): Yes No IF YES, SPECIFY: NOTE: For regular travel schedule such as to and from work, indicate range of days and times if this is the same each day. DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU TRAVEL OUT OF TOWN (IF CITY, OUT OF URBAN AREA, IF RURAL, OUT OF COUNTY)? Yes No HOTEL/CONVENTION CENTER: Yes Yes No CHURCH, TEMPLE, MOSQUE OR OTHER PLACE OF WORSHIP: Yes Yes No AIRPORT: Yes Yes No THEATER (MOVIES/PLAY): Yes Yes No BUS, TRAIN OR SUBWAY: Yes	CAR ALONE. BI	CYCLE, WALK:	🗌 Yes	□ No CAR V	VITH OTHER P	EOPLE IN TI	HE VEHIC	LE AT LEAS	T SOMETIMES	S: 🗌 Yes	∏ No	
OTHER, SPECIFY (E.G. PLANE): Yes No IF YES, SPECIFY: NOTE: For regular travel schedule such as to and from work, indicate range of days and times if this is the same each day. DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU TRAVEL OUT OF TOWN (IF CITY, OUT OF URBAN AREA, IF RURAL, OUT OF COUNTY)? Yes No DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU VISIT ANY OF THE FOLLOWING ACTIVITIES AT LEAST ONCE: Yes No HOTEL/CONVENTION CENTER: Yes No CHURCH, TEMPLE, MOSQUE OR OTHER PLACE OF WORSHIP: Yes No SHOPPING MALL OR LARGE STORE: Yes No THEATER (MOVIES/PLAY): Yes No AIRPORT: Yes No THEATER (MOVIES/PLAY): Yes No BUS, TRAIN OR SUBWAY: Yes No FAIR, FESTIVAL OR CARNIVAL: Yes No				_						_	_	
NOTE: For regular travel schedule such as to and from work, indicate range of days and times if this is the same each day. DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU TRAVEL OUT OF TOWN (IF CITY, OUT OF URBAN AREA, IF RURAL, OUT OF COUNTY)? Yes No DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU VISIT ANY OF THE FOLLOWING ACTIVITIES AT LEAST ONCE: Yes No HOTEL/CONVENTION CENTER: Yes No CHURCH, TEMPLE, MOSQUE OR OTHER PLACE OF WORSHIP: Yes SHOPPING MALL OR LARGE STORE: Yes No DOCTOR'S OFFICE, EMERGENCY ROOM, CLINIC OR HOSPITAL: Yes AIRPORT: Yes No THEATER (MOVIES/PLAY): Yes No GONCERT: Yes No PUBLIC SPORTING EVENT: Yes No BUS, TRAIN OR SUBWAY: Yes No FAIR, FESTIVAL OR CARNIVAL: Yes No				<u> </u>								
DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU TRAVEL OUT OF TOWN (IF CITY, OUT OF URBAN AREA, IF RURAL, OUT OF COUNTY)? Ves No DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU VISIT ANY OF THE FOLLOWING ACTIVITIES AT LEAST ONCE: HOTEL/CONVENTION CENTER: Yes No SHOPPING MALL OR LARGE STORE: Yes DOCTOR'S OFFICE, EMERGENCY ROOM, CLINIC OR HOSPITAL: Yes No AIRPORT: Yes No CONCERT: Yes No BUS, TRAIN OR SUBWAY: Yes No Yes No Yes No		. ,	-	—								
DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU VISIT ANY OF THE FOLLOWING ACTIVITIES AT LEAST ONCE: Image: Constant of the state of	•											
HOTEL/CONVENTION CENTER: Yes No SHOPPING MALL OR LARGE STORE: Yes O AIRPORT: Yes No CONCERT: Yes No BUS, TRAIN OR SUBWAY: Yes No					,	·			RAL, UUT OF	COUNTY)?		
SHOPPING MALL OR LARGE STORE: Yes Image: Construction of the cons										000110		
AIRPORT: Image: Concert: Image:			_	_								
CONCERT: Yes No PUBLIC SPORTING EVENT: Yes No BUS, TRAIN OR SUBWAY: Yes No FAIR, FESTIVAL OR CARNIVAL: Yes No	SHOPPING MAI	L OR LARGE STOR	RE: 🔲 Yes		DOCTO	R'S OFFICE,	EMERGE	NCY ROOM	, CLINIC OR H	OSPITAL:	Yes	🗌 No
BUS, TRAIN OR SUBWAY: Yes No FAIR, FESTIVAL OR CARNIVAL: Yes No	AIRPORT:		🗌 Yes	No No	THEATE	R (MOVIES/	PLAY):	Yes	🗌 No			
	CONCERT:		🗌 Yes	No No	PUBLIC	SPORTING	EVENT:	🗌 Yes	🗌 No			
ANY OTHER GATHERING WITH MORE THAN 100 OTHER PEOPLE: TYPES TO NO IF YES. SPECIFY:	BUS, TRAIN OR	SUBWAY:	🗌 Yes	No No	FAIR, FE	STIVAL OR	CARNIVA	AL: 🗌 Yes	🗌 No			
	ANY OTHER GATHERING W	ITH MORE THAN 10	0 OTHER PE	OPLE: 🔲 Yes	□ No IF Y	ES, SPECIF	Y:_					