Form 2B: Smallpox Primary Contact/Site Worksheet

Please print

1. State
2. Case #

3. CASE NAME: ________________________________________________________ / __________ / ________________________________
   Last First Middle Suffix     Nickname/Alias

4. Interviewer Name: _________________________________________________________________________________________________

5. Interview Date: __________/________/________
   MM            DD            YYYY

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

7. Name of Person (Last, First) and/or Name of Site

   8. Date of First Exposure

      9. Date of Last Exposure

   10. Closest Distance in feet (Circle)  
       fps ft >3 ft

   11. Longest Duration in Hours (Circle)  
       hrs >3 hrs

   12. Contact Priority Category*  

   13. Form 2D #

   14. Notes:

*Contact Priority Category Codes:

1 = (Highest priority) Case household contacts: all immediate family members; others spending ≥ 3 hours in the household since case’s onset of rash
2 = Non-household contacts with contact < 6 feet with case with rash for ≥ 3 hours
3 = Non-household contacts with contact < 6 feet with case with rash for < 3 hours
4 = Non-household contacts with contact ≥ 6 feet with case with rash for ≥ 3 hours
5 = Non-household contacts with contact ≥ 6 feet with case with rash for < 3 hours

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).

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