

Draft 2 - Guide A: Form 6 -- Daily Case Status Tracking

DRAFT

Smallpox Daily Followup Sheet

Date _____

State _____ Local Health Department _____

							Current Status			Updated Status?		
Case ID	Last Name	First Name	DOB	Sex	Hospital	Chart No.	Case Status	Lab Status	Epi Link	Case Status	Lab Status	Epi Link

Shaded area above is printed daily from existing surveillance data

Area above for updates