

Form 3B: Smallpox Case Travel/Activity Worksheet – Exposure 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 case fever onset: ____ / ____ / ____
MM DD YYYY

RECORD ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THIS FORM

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:

START 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).