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:** ____/____/_____
    Last   First   Middle   MM   DD   YYYY

6. **Date of fever onset:** _____/_____/_____
    MM   DD   YYYY

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

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)	11. Longest Duration in Hours (Circle)	12. Contact Priority Category*	13. Form 2D #	14. Notes:
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	___/___/_____ MM DD YYYY	___/___/_____ MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			

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