Form 2: *Monkeypox Contact/Site Worksheet*

OMB NO. 0920-0008

1. TYPE OF CASE: ☐ Human Case *(questions 2-6)* ☐ Animal Case *(skip to question #7)*

2. HUMAN CASE NAME: _____ (Last / First / Middle)

3. CASE PHONE NUMBER: _____

4. STATE OR LOCAL ID# (HUMAN CASE): _____

5. CDC MPOX UNIQUE ID# (HUMAN CASE): _____

6. DATE OF HUMAN CASE'S RASH ONSET: _____/_____/_____ (MM DD YYYY)

7. ANIMAL CASE (NAME OF OWNER AND/OR LOCATION): _____

8. PHONE NUMBER OF OWNER/LOCATION: _____

9. STATE OR LOCAL ID# (ANIMAL CASE): _____

7a. ADDITIONAL OWNER(S) AND/OR LOCATION(S): _____

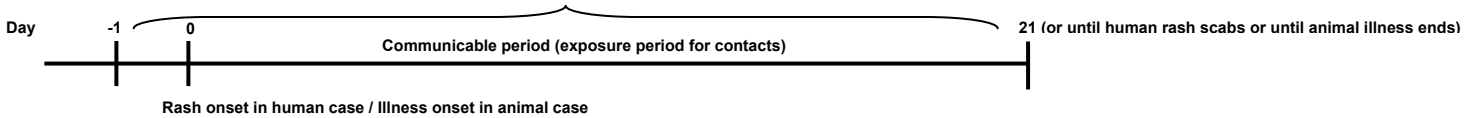
8a. PHONE NUMBER(S) OF ADDITIONAL OWNER(S)/LOCATION(S): _____

10. TYPE OF LOCATION: ☐ Home (pet) ☐ Pet Store ☐ Animal Shelter ☐ Veterinary Clinic ☐ Other (specify): _____

11. CDC MPOX UNIQUE ID# (ANIMAL CASE): _____

12. DATE OF ANIMAL'S ILLNESS ONSET: _____/_____/_____ (MM DD YYYY)

Case history:



13. Name of Contact (Last, First) and/or Name of Site and Address	14. Phone Number(s) of Contact (i.e., home, work, cell, other)	15. Sex	16. Age	17. Type of Contact*	18. Priority†	19. # of Days Since First Exposure	20. # of Days Since Last / Most Recent Exposure	21. State or Local ID# (Contact)	22. Disposition‡	23. Comments/Notes

Category codes:

* *Type of Contact:* A = Animal case; H = Human case

† *Priority:* Animal Contact: 1 = (Highest priority) Direct: bite, scratch, petting/ handling, other direct physical contact; 2 = Close contact: contact within 6 feet of the animal case with respiratory symptoms and manipulated; 3 = Other: > 6 feet of the animal case (e.g., not in the same room but in the same hospital or facility)

Human Contact: 1 = (Highest Priority) Case household/intimate contacts: all family members, housemates, intimate contacts, persons sharing a bed, others spending ≥ 3 hours in the household; 2 = Non-household close contacts: direct exposure to the human case for ≥ 3 hours and within 6 feet; 3 = Other: contact with human case for < 3 hours and < 6 feet; or any length of time exposure and ≥ 6 feet

‡ *Disposition:* 1 = Surveillance form initiated; 2 = Eligible for vaccination; 3 = Vaccine eligible and vaccinated during outbreak; 4 = Became ill and is now a case; 5 = Unable to locate; 6 = Moved from jurisdiction; 7 = Deceased; 8 = Other, specify.

Public reporting burden of this collection of information is estimated to average 20 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).