

# Form 2A: Case Travel/Activity Worksheet - Infectious Period\*

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 symptom(s) onset: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

7. Date Treatment began: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

8. Date of Clinical Improvement: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

F=Fever, R=Rash, C=Cough

RECORD ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THIS FORM

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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\*Infectious Period:

PLAGUE: From onset of symptoms until greater than or equal to 48 hours after EFFECTIVE antibiotic treatment & clinical improvement.

VIRAL HEMORRHAGIC FEVERS: From onset of symptoms to cessation of hemorrhagic symptoms and secretions, and 101 days after symptom onset for seminal fluid.