Form 2C: *Case Transportation 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)

COMPLETE AS MUCH INFORMATION AS POSSIBLE FOR EACH TYPE OF TRANSPORTATION USED BY CASE SINCE SYMPTOM ONSET.

9. Date of Travel	10. Time of Travel (____:____) [AM /PM (Circle)]	11. Transport Type (e.g., bus, train, plane, car)	12. Carrier/Company Name	13. Route/ Flight #	14. Origin City	15. Origin State	16. Origin Country	17. Destination City	18. Destination State	19. Destination Country
___/___/_____ MM DD YYYY	_____ : _____ AM / PM									
___/___/_____ MM DD YYYY	_____ : _____ AM / PM									
___/___/_____ MM DD YYYY	_____ : _____ AM / PM									
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___/___/_____ MM DD YYYY	_____ : _____ AM / PM									

**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 cassation of hemorrhagic symptoms and secretions, and 101 days after symptom onset for seminal fluid.