Form 2E: *Contact Surveillance Form*

Please print

I. CASE INFORMATION (Filled out by interviewer)

1. CASE ID#: _____

II. HOUSEHOLD OR PRIMARY CONTACT INFORMATION (Questions marked with (*) to be filled out by interviewer)

2. DATE OF HOUSEHOLD VISIT: _____/_____/_____
MM DD YYYY

3. NAME OF CASE HOUSEHOLD OR PRIMARY CONTACT: _____ / _____ / _____
Last First Middle Suffix Nickname/Alias

4. SEX (Circle): Male Female 5. AGE: _____ 6. HOUSEHOLD CONTACT/PRIMARY CONTACT FORM 2D# _____

7. DATE OF LAST EXPOSURE TO CASE: _____/_____/_____
MM DD YYYY

8. DATE VACCINATED: _____/_____/_____
MM DD YYYY

9. CALL BACK DATE
(7 days after vaccination) _____/_____/_____
MM DD YYYY

III. HOUSEHOLD OR PRIMARY CONTACT CLINCAL SIGNS TRACKING*
(Filled out by Household or Primary Contact)

10. Record your temperature each day in the boxes below. If fever is 101° F or greater, call the number provided immediately:*

11. Telephone number of Contact **Telephone number of LHD**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Temperature Daily Record																					

12. If symptoms develops, mark the day the symptoms started below, and call the number provided:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
*Symptoms																					

13. NOTES

**PLAGUE: cough, dyspnea, bloody/watery sputum, nausea, vomiting, abdominal pain or diarrhea.*
VHF: nausea, vomiting, arthralgia, myalgia, headache, weakness, fatigue, sore throat, cough, chest or abdominal pain, diarrhea or hemorrhagic symptoms.

**Interview contacts daily for the following number of days after last exposure to a cse:*
PLAGUE: 7 days
VHF: 21 days