

Form 3B: Case Travel/Activity Worksheet – Exposure Period*

Please print

1. State

2. Case # _____

3. CASE NAME: _____ / _____ / _____
Last First Middle Suffix Nickname/Alias4. Interviewer Name: _____
Last First Middle5. Interview Date: ____ / ____ / ____
MM DD YYYY6. Date of case symptom(s) onset: ____ / ____ / ____
MM DD YYYY**RECORD ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THIS FORM**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:

* List all travel and activities during the following time period (i.e., exposure period) prior to symptom onset:

PLAGUE: 1 to 7 days

TULAREMIA: 1 to 14 days

VHF: 2 to 21 days

BOTULISM: 2 hours to 8 days

ANTHRAX: 1 to 7 days