

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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*Symptoms:

PLAGUE: Infectious period is from onset of *symptom(s) until greater than or equal to 48 hours after EFFECTIVE antibiotic treatment & clinical improvement.