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 PUBLIC OR SHARED 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									
____/____/_____ MM DD YYYY	_____ : _____ AM / PM									
____/____/_____ MM DD YYYY	_____ : _____ AM / PM									
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____/____/_____ MM DD YYYY	_____ : _____ AM / PM									
____/____/_____ MM DD YYYY	_____ : _____ AM / PM									
____/____/_____ MM DD YYYY	_____ : _____ AM / PM									

****Symptoms:* ____________**

PLAGUE: Infectious period is from symptom onset to greater than or equal to 48 hours after EFFECTIVE antibiotic treatment & clinical improvement.