

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 OR PROPHYLAXED: \_\_\_\_\_  
MM DD YYYY

9. CALL BACK DATE  
(if ANYfor vaccination take) \_\_\_\_\_  
MM DD YYYY

III. HOUSEHOLD OR PRIMARY CONTACT CLINICAL 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:

Temperature Daily Record	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

11. Telephone number of Contact Telephone number of LHD

12. If \*symptoms develop, mark the day the \*symptoms started below, and call the number provided:

*Symptoms	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

13. NOTES

\*Symptoms: \_\_\_\_\_

PLAGUE: Follow contacts for 7 days after the date of LAST exposure to an infectious case.

Page \_\_\_\_ of \_\_\_\_