Form 3C: ***Case Transportation Worksheet – Exposure 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 *symptoms onset: _____/_____/________
MM DD YYYY

COMPLETE AS MUCH INFORMATION AS POSSIBLE FOR EACH TYPE OF PUBLIC OR SHARED TRANSPORTATION USED BY CASE DURING THE EXPOSURE PERIOD PRIOR TO *SYMPTOM ONSET.

7. Date of Travel	8. Time of Travel (____:____) [AM /PM (Circle)]	9. Transport Type (e.g., bus, train, plane, car)	10. Carrier/Company Name	11. Route/ Flight #	12. Origin City	13. Origin State	14. Origin Country	15. Destination City	16. Destination State	17. 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:** List all public or shared transportation used by case during the 7 days prior to *symptom onset.*