

Form 2E: Plague, VHF 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 Prophylactic Medication started: ____/____/____ MM DD YYYY							9. Name of Medication: _____							
III. HOUSEHOLD OR PRIMARY CONTACT CLINICAL SIGNS TRACKING* (Filled out by Household or Primary Contact)											11. Telephone number of Contact Telephone number of LHD										
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
12. If symptoms develops, 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																					

***PLAGUE:** cough, dyspnea, bloody/watery sputum, nausea, vomiting, abdominal pain or diarrhea.
VHF: nausea, vomiting, arthralgia, myalgia, headache, weakness, fatigue, sore throat, cough, chest or abdominal pain, diarrhea or hemorrhagic symptoms.

*Interview contacts daily for the following number of days after last exposure to a cse:
PLAGUE: 7 days
VHF: 21 days