

1. STATE

2. Case # \_\_\_\_\_

**Case Exposure/Source Information**

3. INTERVIEW DATE:        
 Month Day Year

**Case Information**

4. CASE NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Last) (First) (Middle) (Suffix) (Nickname)

5. ADDRESS: \_\_\_\_\_  
 Street Address, Apt #. City State Zip Code

6. Case Classification:  Confirmed  Probable  Suspect  Unknown

**Information on possible source of infection - INDIVIDUALS (Plague and VHF)**

7. DO YOU KNOW FROM WHOM YOU CAUGHT THIS ILLNESS?  Yes  No  Unknown  
 IF NO OR UNKNOWN, GO TO QUESTION 10.

IF YES, GIVE NAME, ADDRESS, AND TELEPHONE NUMBER

\_\_\_\_\_  
 Name (LAST, FIRST) Street Address, Apt #. City State Zip Code Area Code Number

8. DATE OF LAST EXPOSURE:        
 Month Day Year

9. What signs/symptoms did the person have? Please list or describe:

10. DO YOU KNOW OF ANY OTHER PERSON WITH AN ILLNESS LIKE YOURS:  Yes  No  Unknown  
 IF YES, GIVE NAME, ADDRESS, AND TELEPHONE NUMBER

\_\_\_\_\_  
 Name (LAST, FIRST) Street Address, Apt #. City State Zip Code Area Code Number

11. DURING THE DATES FROM\* \_\_\_\_\_ TO \_\_\_\_\_ BEFORE ONSET OF SYMPTOMS (Likely Exposure Time Frame)

DO YOU KNOW OF ANYONE WHO APPEARED TO HAVE SYMPTOMS:  
 Yes  No  Unknown

IF YES, GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE INDIVIDUALS: (if needed, use reverse side of this form, or on an additional piece(s) of paper)

\_\_\_\_\_  
 Name (LAST, FIRST) Street Address, Apt #. City State Zip Code Area Code Number

DATE OF LAST EXPOSURE:        
 Month Day Year

\_\_\_\_\_  
 Name (LAST, FIRST) Street Address, Apt #. City State Zip Code Area Code Number

DATE OF LAST EXPOSURE:        
 Month Day Year

**Information on possible source of infection - PLACE**

12. DO YOU KNOW WHERE YOU CAUGHT THIS ILLNESS?  Yes  No  Unknown

IF YES, NAME OF PLACE/EVENT: \_\_\_\_\_ TYPE OF PLACE/EVENT: \_\_\_\_\_  
 (i.e., restaurant, store, theater, sports event, office, etc)

ADDRESS / LOCATION: \_\_\_\_\_  
 Street Address, Apt #. City State Zip Code

DESCRIBE LOCATION: \_\_\_\_\_ TELEPHONE:        
 Area Code Number

13. POSSIBLE DATE OF EXPOSURE:        
 Month Day Year

14. TIME: \_\_\_\_\_ AM / PM

15. ESTIMATED NUMBER OF PERSONS POTENTIALLY EXPOSED AT THE SAME PLACE AND TIME AS CASE: \_\_\_\_\_

**LIST OTHERS POTENTIALLY EXPOSED (NAME, ADDRESS, TELEPHONE) ON REVERSE SIDE OF THIS FORM OR ON AN ADDITIONAL PIECE OF PAPER.**

\*Insert dates prior to onset of symptoms associated with minimum and maximum incubation period as follows:  
 PLAGUE: 1 to 8 days VHF: 2 to 21 days ANTHRAX: 1 to more than 60 days  
 TULAREMIA: 1 to 21 days BOTULISM: 6 hours to 10 days

**Form 3A: BT Agent Case Exposure Investigation Form**

STATE   Case # \_\_\_\_\_

**LIST OF NAMES AND ADDRESSES/TELEPHONE NUMBERS:**

Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
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Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number

**Additional space for others WHO APPEAR TO HAVE SYMPTOMS:**

**Additional space for others POTENTIALLY EXPOSED, but do NOT have symptoms:**

OTHER PERTINENT EPIDEMIOLOGICAL DATA OR COMMENTS:

NAME OF INVESTIGATOR: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_