

# Smallpox Post-Event Surveillance Form

## Instructions for Completing the Contact Information and Reporting Jurisdiction (CIRJ) Form

Please complete this form for each affected jurisdiction for which you have reporting responsibilities. Bolded fields must be completed. If contact information changes for a jurisdiction, you may either edit this record or select Delete Record. The latter will allow you to retain the old contact information in your database.

Use the "Transmit Data..." button on the Smallpox Menu to send the updated information to your point of contact at the next jurisdiction level.

From the Smallpox Menu, you may also select a form to begin entering data. To enter images or lab data, go to the Case Investigation Form.

For additional information, please refer to the instructions on the Outbreak Initiation tab of the Smallpox menu or contact your response coordinator.

## Jurisdiction Type and Outbreak Onset

Type of Jurisdiction

Date of first case report in this jurisdiction

This is an estimated date

NNDSS Condition Code

## REPORTING SOURCE: Jurisdiction

1. Reporting State

State FIPS Code

Reporting County (Leave blank if reporting organization has multiple jurisdictions.)

County FIPS Code

If applicable, please provide the name of the Region, District, Precinct, or other jurisdiction division.

## REPORTING SOURCE: Primary Contact

14. Name of Reporting Institution

Reported by (Last, First MI) / Primary Contact

15. Phone numbers

E-mail address

## COMMENTS

Please include comments or additional information.

## Please Validate This Information

Invalid Fields? To change, return to fields.

Code on this page has been validated.

**Enter Another  
Jurisdiction or  
POC**