

International Air Travel Illness or Death Investigation Form
U.S. Centers for Disease Control and Prevention

Section 1. Quarantine station notification

Section 5. Exposure history of ill or deceased person

Notified by: (name of person)	Visited Urban Areas?	Visited Rural Areas?	How long ago?	Activities (e.g. student, missionary, personal or business travel, etc.)	Exposure to animals?*	Exposure to ill persons?
Notified by: (name of agency)	Yes No	Yes No			Yes No	Yes No
Type of notification:	Date of notification:		Time of initial notification: (24 hours)			
<input type="checkbox"/> Traveler illness	Yes No		Yes No			
<input type="checkbox"/> Traveler death	Yes No		Yes No			

For Illness Report, go to Section 2. For Death Report, go to Section 8.

Section 2. Information on signs and symptoms of ill or deceased person (passenger or crew)

Signs, Symptoms, and Conditions (Check all that apply):

FEVER (or recent history of) Temp: _____° F/C	severe vomiting	unusual bleeding
rash	severe diarrhea	obviously unwell
conjunctivitis/eye redness	headache	asymptomatic
persistent cough	neck stiffness	other
sore throat	decreased consciousness	(describe: _____)
difficulty breathing / shortness of breath	recent onset of focal weakness and / or paralysis	

Brief history of present illness:
 If exposed to ill animals or birds, describe nature of contact:
 If exposed to ill person, ill persons' diagnoses or description of illness:

Are there other people on the plane with similar illness? Yes if yes, where? No
 Other exposures (chemical, powder, radiation, etc.): No Yes
 Does traveler have FEVER (or recent fever history) AND at least one other sign/symptom/condition listed above?
 NO (STOP HERE)
 NO (but you are concerned illness may be of public health significance. Proceed to next sections)

Section 6. Traveling companions & other contacts of ill or deceased person

Section 3. Pertinent medical history

Section 7. Flight information

Airline & Flight #	Departure Airport	Departure Date & Time	Arrival Airport	Arrival Date & Time	Seat #	Flight Duration
CURRENT FLIGHT:						
PREVIOUS AND UPCOMING CONNECTING FLIGHTS:						

Section 4. History of current illness

Paternal/Last name:		First name:		Type of traveler: <input type="checkbox"/> Crew <input type="checkbox"/> Passenger	
Date of fever onset: ___/___/___		Country of birth:		Temperature: _____° F/C	
If you measured your temperature during this illness, what was your maximum temperature?					
Date of rash onset: ___/___/___		Date of birth: (mm / dd / yyyy)		Age (if Date of Birth Unknown): <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	
Where did the rash start? Head Trunk Extremities Other					
Current distribution of rash:		Appearance of rash: Red-raised Red-flat Fluid- or pus-filled Other		Contact phone in US: _____	
Passenger had contact with someone with a rash/know chickenpox/measles/rubella in the last 3 weeks?		Permanent number? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not permanent, home phone #: _____	
I. Respiratory Illness History:			IV. Gastrointestinal Illness History:		
Home address: _____		Home City: ___/___/___		Home State/Province: _____	
Cough with blood? No Yes		Diarrhea: Date onset ___/___/___		Home Zip/Postal Code: _____	
Home Country (Country of Residence): No Yes		Number of times in past 24 hrs? _____		Home Country (Country of Residence): No Yes	
If (Country of Residence) No Yes		Passport country: _____		Number of times in past 24 hrs? _____	
Duration of US stay: _____		Visiting #: _____		Date onset ___/___/___	
<input type="checkbox"/> days <input type="checkbox"/> months <input type="checkbox"/> weeks <input type="checkbox"/> years		Alien #: _____		With blood? No Yes	

Emergency contact name:	Emergency contact relationship:	Emergency contact phone:
Section 9. General information about the deceased person onboard the flight		
Date of death: _____ (mm / dd / yyyy)	Time of death (24 hours) _____ : _____ (hh : mm)	
Suspected cause of death: If infectious disease is suspected as a contributing cause of death, then complete ALL sections of this form.		
Medical examiner notified? Yes No	Medical examiner name:	Medical examiner telephone:
		Name of person body released to:
Title of person body released to:	Agency:	Office telephone:
		Cell:
		Email:

Public reporting burden of this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-xxxx.