

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) Countries visited in the last 3 WEEKS	Visited Urban Areas? Yes No	Visited Rural Areas? Yes No	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
Type of notification: <input type="checkbox"/> Traveler illness <input type="checkbox"/> Traveler death	Yes No	Yes No	Date of notification: ____/____/____ (mm / dd / yyyy)		Time of initial notification: (24 hours) Yes No	Yes No (hh : mm) 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 severe diarrhea headache	unusual bleeding obviously unwell asymptomatic
rash	neck stiffness	other (describe: _____)
conjunctivitis/eye redness	decreased consciousness	
persistent cough	recent onset of focal weakness and /	
sore throat	or paralysis	
difficulty breathing / shortness of breath		

If exposed to ill animals or birds, describe nature of contact: _____

Brief history of present illness: _____

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?
 YES (Proceed to next sections)
 NO (STOP HERE)

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

Section 3. Pertinent medical history

IF YES, USE ANOTHER ILLNESS SCREENING AND RESPONSE WORKSHEET FOR EACH.

Do you have underlying medical conditions that could explain your current symptoms? No Yes

Section 7. Flight information (describe)

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

Rubella (German measles) No Yes
 Measles No Yes

Section 4. History of current illness

I. Fever History: Paternal/Last name: _____ First name: _____ Type of traveler: Crew Passenger

Date of fever onset: ____/____/____ Country of birth: _____

If you measured your temperature during this illness, what was your maximum temperature? _____° F/C

II. Rash History: Male _____ Female _____ Date of birth: ____/____/____ Age (if Date of Birth Unknown): Days Weeks Months Years

Date of rash onset: ____/____/____

For deceased persons, go to Section 9. Otherwise, continue below:

Where did the rash start? Head Trunk Extremities Other

Current distribution of rash: Head Trunk Extremities Other

Appearance of rash: Red-raised Red-flat Fluid- or pus-filled Other

Passenger had contact with someone with a rash/known chickenpox/measles/rubella in the last 3 weeks? No Yes

III. Respiratory Illness History: Home address _____ Home City: ____/____/____
 Cough No Yes onset ____/____/____
 with blood? No Yes (mm / dd / yyyy)

IV. Gastrointestinal Illness History: Home State/Province: _____ Home Zip/Postal Code _____
 Diarrhea: Date onset ____/____/____
 Number of times in past 24 hrs? _____

If (Country of Residence) _____ With blood? No Yes

Passport country: _____ Visa # _____ Alien #: _____
 Number of times in past 24 hrs? _____

Home address _____
 Cough No Yes
 with blood? No Yes

Home City: ____/____/____
 Home State/Province: _____
 Home Zip/Postal Code _____
 Home Country (Country of Residence): No Yes

Passport country: _____ Visa # _____ Alien #: _____
 Number of times in past 24 hrs? _____

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.