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

Section 1. Quarantine station notification														
offering 5. Exposure mistory of m or deceased person														
	Visited	Visited	How	Activity	c (o o studen	tmiccionary	Evpoques							
Voticed by: (es wisfteersm)	Urban	Rural	long	Phone	al or business	t <sub>E</sub> missionary,	Exposure animals?							
the last <b>3 WEEKS</b>	Areas?	Areas?	ago?	person	al or business	travel, etc. )	animais	* III persons?						
lotified by: (name of agency	) Yes No	Yes No					Yes N	No Yes No						
						Time of initia								
Type of notification: $\Box$	Yes No	Date of Yneistial nivitific	ation:	/	_/	(24 h	notification: Yes	No Yes No						
	Yes No	Yes No		(mm / dd	/ уууу)	(=	Yes N	No (hh: mm) No						
For Illness Report	go to Sectio	n 2. For De	ath Rei	nort, go te	Section 8		Tes I	10 105 100						
	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)														
igns, Symptoms, and Conditions (Check all that apply) :														
FEVER (or recent history of)			ere vomit	ing		unusual bleeding								
Temp: <sup>0</sup> F/C			ere diarrh	ea		obviously	unwell							
rash		hea	dache			asymptom	atic							
conjunctivitis/eye rec	lness	nec	k stiffness	S		other								
persistent cough				nsciousness		(describe:								
sore throat				of focal wea	kness and /									
	chortpace of br													
	B1946 466691B6 36F	ure of contact:	ury 5 <del>15</del>											
Brief history of present If exposed to ill person, ill	IIINess:	or description -f.'	0.00											
		*												
Are there other people of Other exposures (there of the people of the pe	on the plạne wit	th similar illness?	Vac	Yes <sub>If yes</sub> , Mg	ere?	If	yes, when?							
Does traveler have FE	V <b>ER</b> (or recent	fever history) AN	<b>D</b> at leas	t one other	sign/symptom	condition liste	ed above?							
NOP(STOP HERE)														
				41117(0311(03										
Section of Trave	ing compani	ions & other o	contacts	s of ill or d	deceased p	erson								
Section 2 Dentine	nt madical h	- at a set												
Section 3. Pertine	nt medical n	listory												
Do you have underlying	<del>ș medical condi</del>	tions that could e	anpiner splain ye	miness se	mptoms.		worksnee	<del> </del>						
Section 3. Pertine Section 7-nElight	<u>s medical condi</u> gnformation	tions that could e	inplain ye	miness so	mptomot	d response No Yes	workshee lescribe)	<u> </u>						
		tions that could e	• • •	C 36 · ·	A 1	· · · ·	1)0							
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Emergency contact name: Emergency		nergency contact relationship:			Emergency contact phone:				
Section 9. General information about the deceased person onboard the flight									
Date of death:////////////		Time of death 24 hours)	:	(hh : mm)					
Suspected cause of death:	·			3					
If infectious disease is suspected as a contributing cause of death, then complete ALL sections of this form.									
Medical examiner notified?	Medical examiner			l examiner telephone:	Name of person body released to:				
Yes No									
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.