

U.S. Centers for Disease Control and Prevention

International Maritime Conveyance

Illness or Death Report

OMB Control No 0929-XXXX
Expiration Date: XX/XX/XXXX

General information about reporting:

In accordance with public health law (42 CFR 71.21(a)), the U.S. Centers for Disease Control and Prevention (CDC) requires ships destined for a U.S. port, to report to the CDC quarantine station at or nearest the port of arrival, all deaths and certain illnesses among passengers or crew (including those who have disembarked), as soon as they occur and at least 24 hours before arrival. Illnesses reportable to CDC can be found at: <http://www.cdc.gov/travel/content/AirTravelCruiseShips.aspx>

Directions for submitting this form:

This form may be used to report a death or illness to the CDC Quarantine Station.

- Please fax or e-mail the completed form to the CDC Quarantine Station at or closest to the next U.S. port of arrival. CDC Quarantine Stations' jurisdiction and contact information can be found online at www.cdc.gov/ncidod/dq/quarantine_stations.htm
- **For urgent reports[†] - in addition to filling out this form, please immediately call the CDC Quarantine Station at or closest to the next port of arrival.**
- If you are unable to reach the CDC Quarantine Station, please call: 1-770-488-7100 or 1-877-764-5455 (at-sea use) for assistance.

[†]Urgent reports include suspected cases of cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fever, severe acute respiratory syndrome (SARS), novel influenza viruses, meningococcal disease, measles, mumps, rubella, pertussis, and unusual illness, cluster of illnesses or deaths due to a communicable disease.

Section 1. Vessel and agent information (use local dates and times)

Name and position of person reporting _____			
Contact phone _____	Contact email _____		
Report date/time mm / dd / yyyy (24 hr) hh : mm	Vessel company _____		
Vessel name _____	Vessel type: Cargo <input type="checkbox"/> Cruise <input type="checkbox"/> Other: _____		
Embarkation port/code _____	Embarkation date/time mm / dd / yyyy (24 hr) hh : mm	_____	
Next U.S port _____	Arrival date/time mm / dd / yyyy (24 hr) hh : mm	_____	

Section 2. Information on illness or death

Report type: (check appropriate boxes)	illness <input type="checkbox"/>	crew member <input type="checkbox"/>	Initials of ill or deceased person _____
	death <input type="checkbox"/>	passenger <input type="checkbox"/>	

Signs/Symptoms: Check ill or deceased person's current or previous signs and symptoms

<input type="checkbox"/> Fever (temperature 100° F or 38° C or higher) <u>or</u> recent history of fever <input type="checkbox"/> Skin rash <input type="checkbox"/> Difficulty breathing (Shortness of breath) <input type="checkbox"/> Persistent cough	<input type="checkbox"/> Decreased consciousness <input type="checkbox"/> Unusual bleeding <input type="checkbox"/> Jaundice <input type="checkbox"/> Glandular swelling (Swollen glands)	<input type="checkbox"/> Recent onset of paralysis (or focal weakness) <input type="checkbox"/> Severe vomiting <input type="checkbox"/> Severe diarrhea <input type="checkbox"/> Other _____
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Illness/death part of a cluster/outbreak? Yes No

Presumptive diagnosis or cause of death _____

Public reporting burden of this collection of information is estimated to average 3 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. **Revised 11/18/2008**