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

Section 1. Quarantine station notification																
orection 5. Exposure history of in or deceased person																
	Visited	Visited	How	Activities	(a a studou	+ missionary	Expection to	Expecting to								
VotiCiedubytr(panysisftpetspn)	Urban	Rural	long			t <sub>Emissionary,</sub> travel, etc. )	Exposure to animals?*	Exposure to ill persons?								
the last 3 WEEKS	Areas?	Areas?	ago?	personar	or business	traver, etc. )	allillais	iii persons:								
lotified by: (name of agency	Yes No	Yes No					Yes No	Yes No								
ПТ						Time of initia										
ype of notification: $\Box$ $\Box$ $\Box$	Yes No 1	Date of <b>Yies</b> tial n <b>ivi</b> ficat	ion:	//	′	(24 h	notification: Yes No	•Yes No								
	Yes No	Yes No		(mm / dd / y		`	Yes No	(hh: mm) No								
for Illness Report.	go to Sectio	n 2. For Dea	th Rep	ort, go to S	Section 8	•	100 110	100 110								
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 Cond	,	nat apply) :				<u> </u>										
			e vomitin	e vomiting			unusual bleeding									
Temp:	º F/C	sever	e diarrhea	a		obviously unwell										
rash		heada	ache			asymptomatic										
conjunctivitis/eye red	lness	neck	stiffness			other										
persistent cough		decre	ased cons	sciousness		(describe:										
sore throat				onset of focal weakness and /												
	shortness of bro															
- It evenesed to all animal for	difficulty breathing / shortness of breath or paralysis  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 of Other exposures (chem Does traveler have FEV	on the plane with	n similar illness?	Ves Y	es <sub>If yes</sub> , Where	?	If	yes, when?									
Does traveler have <b>FEV</b>	<b>ER</b> (or recent t	ever history) ANI	d at least	one other sig	gn/sympton	n/condition list	ed above?									
NO (STOP HERE)																
Section 6. Laraye	icernea iimess i	nay be of public if	earın sigi	muçance (Pi	roceea up n	ext sections)										
Section 6. Lrayel	ing compani	ons & other co	ontacts	of ill or de	eceased p	erson ´										
Section 3 Dertines	nt medical hi	story														
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Version: 11/18/08

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

Emergency contact name:	Emerge	ncy contact relationship:		Emergency contact phone:					
Section 9. General information about the deceased person onboard the flight									
Date of death:// 	(2	me of death 4 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? Medical examin		name: Medi	cal 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-xxxxx.