 **Land Travel Illness or Death Investigation Form**

**U.S. Centers for Disease Control and Prevention**

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| **Section 1. Quarantine station notification**   |
| QARS Unique ID #:  | CDC User ID: |
| Port of Entry: | State: |
| Person notifying CDC:  | Phone: | Email: |
| Agency notifying CDC: | Date of initial notification to CDC: |   \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ mm dd yyyy | Time of initial notification to CDC (24 hrs): | \_\_\_\_\_ : \_\_\_\_\_ hh : mm  |
| Type of notification: | □ Traveler illness □ Traveler death | Type of traveler: | □ Crew □ Passenger □ N/A |
| When was the QS notified?: □ Before any travel was initiated □ In U.S. jurisdiction □ In foreign jurisdiction □ During travel □ Prior to boarding conveyance □ While traveler was on a conveyance  □ Inbound to or within U.S. states and territories □ Outbound from U.S. states and territories □ After disembarking conveyance □ After travel completed (reached final destination for that leg of trip)  □ In U.S. jurisdiction □ In foreign jurisdiction | Conveyance type\*:  □ Personal vehicle □Company owned □Rental □ Public conveyance bus/van  □ Commercial cargo vehicle □ Pedestrian/Bike  □ Ambulance  □ Train  □ Other \*If ill/deceased person also traveled via □ Air and/or □ Maritime conveyances, please fill out the appropriate form and attach  |
| **Section 2. Information on signs and symptoms of ill or deceased person** |
| **Signs, Symptoms, and Conditions (check all that apply) :** |
| □ **FEVER** (≥100°F or ≥38°C)  **OR** history of fever in the past 72 hours  Temperature: \_\_\_\_\_\_\_\_\_\_\_\_0 F/C Onset date: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** Maximum measured temperature: \_\_\_\_\_\_ 0 F/C □ History of fever (not measured) □ Feel warm to the touch□ Rash Onset date: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** Where rash started: □ Head/neck □ Trunk □ Extremities  Current distribution:□ Head/neck □ Trunk □ Extremities  Appearance:□ Red-flat □ Red-raised □ Fluid/pus-filled □ Other \_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_ □ Conjunctivitis/eye redness □Coryza/runny nose | □ Persistent cough Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ □ With blood □ Without blood □ Sore throat□ Difficulty breathing/shortness of breath□ Swollen glands Location: □ Head/neck □ Armpit □ Groin□ Severe vomiting Onset date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  Number of times in past 24 hrs? **\_\_\_\_\_\_**□ Severe diarrhea Onset date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  Number of times in past 24 hrs?: \_\_\_\_\_\_□ Jaundice Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_□ Headache | □ Neck stiffness□ Decreased consciousness□ Recent onset of focal weakness and/or paralysis□ Unusual bleeding□ Obviously unwell□ Injury□ Chronic condition□ Asymptomatic□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If traveling by conveyance, does anyone else have similar illness?: **□** No **□** Yes **□** Unknown (If yes, please fill in a new form for each person in the cluster.) |
| **Presumptive Diagnosis:**□Disease of public health interest or any death **(proceed to next section)**□Condition of public health interest/unknown or cluster, needs follow-up **(proceed to next section)**□Condition not requiring public health follow-up **(STOP HERE)** |
| **Section 3. Pertinent medical history of ill person** |
| Relevant history: present illness, other medical problems, vaccinations, etc.: |
| Traveler has taken:  | □Antibiotic/antiviral in the **past week**□Fever reducing medications in the **past 12 hours**(e.g. acetaminophen, ibuprofen, aspirin)□Other | Medication(s) taken:1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date(s) started:1. \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_
2. \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_
3. \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_
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| **Section 4. General information about the ill or deceased person** |
| Last/paternal name:   | First/given name:   |
| Middle name:  | Maternal name (if applicable):  | Other names used (e.g., former name, alias): |
| Gender: |  □ Male □Female | Date of birth: | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_mm dd yyyy | Age (if date of birth unknown): | □ days □weeks□months □ years |
| Country of birth: | Border commuter: | □ Yes □ No □ Unknown | Frequency of border crossing: \_\_\_\_\_\_\_\_ times/ □ day □week  □month □ year |
| Passport country: | Passport country/issuing state:  | Passport/domestic ID document #: | Visa?: | □ Yes□ No |
| **For deceased persons, go to Section 5. Otherwise, continue below.** |
| Home address: | City:  |  State/province: |  Zip/postal code: |
| Country of residence: | Home telephone: | If visiting, total duration of U.S. stay:  | □ weeks □ years□ days □ months |
| Contact in U.S. - Address/hotel: □ Same as home address above | E-mail: |
| Contact in U.S. - City: | Contact in U.S. - State/territory: | Contact phone in U.S.:  □ Cell  |
| Number of days reachable at contact phone:   |
| Emergency contact name: | Emergency contact relationship: | Emergency contact phone: |
| **Section 5. Border Crossing Information** |
| Make/Model/Year: | License plate #: | State/country issued: |
| Attempted entry outside an official POE?: | □No □Yes □ Unknown |  Contact information collected on conveyance passengers/driver(s)?:  | □ No □ Yes  |
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| **From****(City/Country)** | **Departure date** | **To (City/Country)** | **Arrival date** | **Significant stops** | **Name of commercial carrier, if applicable** | **Bus/Train #** | **Seat #** |
| **Current Segment:** |
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| **Past & Upcoming Segments:** |
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| **Section 6. General information about the deceased person** |
| Date of death: |   \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ mm dd yyyy | Time of death (24 hours): | \_\_\_\_\_\_ : \_\_\_\_\_\_  hh : mm |
| Suspected cause of death before referral to medical examiner, if body released:  |
| Body released to medical examiner?:□ Yes □ No | Medical examiner telephone:  | City/Country: |
| Determined cause of death (by medical examiner or other):**For deceased persons for whom the suspected cause of death is NOT a communicable disease, stop here. Otherwise, continue to Section 7.** |
| **Section 7. Exposure and contact history of ill or deceased person** |
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| Cities/states/countries visited in the last **3 WEEKS** | 1. | 2. | 3. | 4. |
| Exposures: | Exposure to ill persons? □ Yes □ No | Exposure to animals?\*□ Yes □ No | Visited rural areas?□ Yes □ No | Other exposures (chemical, drug ingestion, etc):□ Yes □ No |

\*zoos, bush meat, poultry markets, farms, backyard animals |
| Describe relevant exposures:  |
| Are any traveling companions ill: □No □Yes □N/A (no companions)**If yes, use another illness screening and response worksheet for each.** |  If yes, how many ill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 8. Disposition of ill person** |
| Ill person was(check all that apply): | □ Released to continue travel □ Advised to seek medical care □Recommended to not continue travel □ Seen by EMS □Denied entry □ Quarantine Order issued □ Isolation Order issued □Detained by ICE/CBP, location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Transported to hospital (□MOA activated): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Transported to non-hospital location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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 0920-0821