**Maritime Conveyance Illness or Death Investigation Form**

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

If requested by Centers for Disease Control and Prevention (CDC) Quarantine Station, please use this form to submit additional information about the reported onboard illness or death, pursuant to 42 CFR 71.21(a).

* Complete and fax this form to the CDC Quarantine Station to which the illness or death was reported. Quarantine Station jurisdictions and contact information can be found at [www.cdc.gov/ncidod/dq/quarantine\_stations.htm](http://www.cdc.gov/ncidod/dq/quarantine_stations.htm)
* Contact the CDC Quarantine Station to confirm receipt of the faxed report or if you have any questions.
* If you are unable to reach a CDC Quarantine Station, call +1-770-488-7100. Alternate: +1-877-764-5455 (at-sea use).
* Reminder to cruise ships: do not use this form for gastrointestinal (GI) illnesses, which are reportable to CDC Vessel Sanitation Program (VSP) per established protocol. More information about VSP can be found at: <http://www.cdc.gov/nceh/vsp/default.htm> or by calling +1-800-323-2132.

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| **Section 1. Quarantine Station Notification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person filling out form: | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | | | E-mail: | | | | | | | | | | | | | | | |
| Date form completed: | | | | | | | \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_  mm dd yyyy | | | | | | | | | | | | | | Time form completed (24 hrs): | | | | | | | | | | | | | | | | | \_\_\_\_\_ : \_\_\_\_\_  hh : mm | | | | | |
| Type of notification: | | | □ Traveler illness  □ Traveler death | | | | | | | | | | | Type of Traveler: | | | | | | | □ Crew  □ Passenger | | | | | | | Conveyance type: □ Cruise Ship □ Cargo □ Other | | | | | | | | | | | | | | | |
| **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  Onsetdate: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| During the past 3 weeks, has anyone (onboard ship or disembarked) had similar signs and symptoms? (Please verify by a medical log review):  **\*If yes, please fill in a new form for each person in the cluster** | | | | | | | | | | | | | | | | | | | | | | | | | □No  □Yes\*  □Unknown | | | | | If yes, total # of ill: | | Crew:  \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Passengers:  \_\_\_\_\_\_\_\_\_\_\_ | |
| **Section 3. Pertinent medical history of ill or deceased person** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relevant history: present illness, other medical problems, vaccinations, etc.: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Traveler has taken:  (include those given on board): | | | | □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. \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | | | | | | |
| **Seen in ship infirmary:**  □ No □ Yes | | | | | If yes, date of first visit:  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  mm dd yyyy | | | | | | | | | | | | | Ill or deceased person isolated after illness onset?:  □ No □ Yes | | | | | | | | | | | | | | | | | | If yes, date isolated:  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  mm dd yyyy | | | | | | | |
| Suspect Diagnosis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Seen in health-care facility ashore:**  □ No □ Yes | | | | | | | | | | Hospitalized? □ No □Yes | | | | | | | | | Dates hospitalized: from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ to \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  mm dd yyyy mm dd yyyy | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility/health care provider(s) info (name, location, dates, telephone number, e-mail):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discharge Diagnosis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **Tests** | **Date performed**  **(mm/dd/yyyy)** | **Results ( if unknown, provide name and phone number of lab which performed tests): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Chest x-ray: | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | □ Normal  □ Abnormal (□ Cavitation □ No Cavitation) | | *Legionella* urine antigen: | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | □ Positive □ Negative | | Other:  Test 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Test 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Test 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  2. \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  3. \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 4. General information about 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: | | | | | | Passport country/issuing state: | | | | | | | | | | | | | | | | | Passport/domestic ID document #: | | | | | | | | | | | | Alien #: | | | | | | | | |
| If crew, list job title & duties: | | | | | | | | | | | | | | | | | | | | | | | | | | | Date boarded vessel:  \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_  mm dd yyyy | | | | | | | | | | | | | | Cabin Number: | | |
| **For deceased persons, go to Section 5. Otherwise, continue below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home address: | | | | | | | | | | | | City: | | | | | | | | | | | | | | | | State/province: | | | | | | | | | | | Zip/postal code: | | | | |
| Country of residence: | | | | | | | | | | | | Home phone: | | | | | | | | | | | | | | | | If visiting, total duration of U.S. stay: | | | | | | | | | | | □ days □ months  □ weeks □ years | | | | |
| 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. Vessel information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vessel name: | | | | | | | | Vessel company: | | | | | | | | | | | | | | | | | | Voyage Number: | | | | | | | | | Number on board: | | | | | | | | |
| Crew: | | | | | | | | Passengers: |
| Embarkation port: | | | | | | | | | | | | | | | | | | | | | | | | | | Embarkation Date:  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_  mm dd yyyy | | | | | | | | | | | | | | | | | |
| Disembarkation port: | | | | | | | | | | | | | | | | | | | | | | | | | | Disembarkation date:  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_  mm dd yyyy | | | | | | | | | | | | | | | | | |
| Next U.S. port: | | | | | | | | | | | | | Arrival date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_  mm dd yyyy | | | | | | | | | | | | Arrival time:  (24 hr) \_\_\_\_\_ : \_\_\_\_\_  hh : mm | | | | | | | | | Duration of stay at next U.S. port:    \_\_\_\_\_\_\_\_\_\_\_\_hrs | | | | | | | | | |
| Itinerary: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 6. Additional information about deceased person** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of death: | | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  mm dd yyyy | | | | | | | | | | | | | | | | | | Time of death (24 hr): | | | | | | | | | | | | | \_\_\_\_\_ : \_\_\_\_\_\_  hh : mm | | | | | | | | | | |
| Suspected cause of death before referral to a 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):  **Note: 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** | | | | | | | | | | | | | Cities/states/countries visited in the last **3 WEEKS** (***include ship port stops if disembarked)*** | | | 1. | | 2. | | | 3. | | | 4. | | Exposures: | Exposure to ill persons?  □ No □ Yes | | | Exposure to animals?\*  □ No □ Yes | | | Visited rural areas?  □ No □ Yes | | Other exposures (chemical, drug ingestion, etc)?:  □ No □ Yes | | | | \*zoos, bush meat, poultry markets, farms, backyard animals | | | | | | | | | | | | | Describe relevant exposures: | | | | | | | | | | | | | Are any traveling companions ill?: □No □Yes\* □N/A (no companions) If yes, how many are ill: \_\_\_\_\_\_\_\_\_\_  ***\*Note:* *Submit a separate form for each ill or deceased person not previously reported to a CDC Quarantine Station.*** | | | | | | | | | | | | | **Answer if ill or deceased person is a crew member:**  Number of : Cabin mates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bathroom mates: \_\_\_\_\_\_\_\_\_\_\_\_  Work team mates: \_\_\_\_\_\_\_\_\_\_\_  Other contacts (e.g., intimate partners): \_\_\_\_\_\_\_ | | | | | Does crew member have contact with passengers?: □ No □ Yes  If yes, describe extent/frequency:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | **Answer if ill or deceased person is a passenger:**  Number of: Cabin mates: \_\_\_\_\_\_\_\_\_\_\_\_\_  Other contacts (e.g., intimate partners):\_\_\_\_\_\_\_ | | | | | If passenger is a child, does s/he attend day care/youth program on ship?: □ No □ Yes  If yes**,** total # of children in day care/program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  # of children with similar signs & symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | **Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | ***TO BE COMPLETED BY QUARANTINE STAFF ONLY*** | | | | | | | | | | | | | QARS Unique ID #: | | CDC User ID: | | | | Date Quarantine Station received:  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  mm dd yyyy | | | | Time Quarantine Station received (24 hrs): \_\_\_\_\_\_:\_\_\_\_\_\_  hh:mm | | | If ill/deceased person also traveled via □ Land and/or □ Air conveyances, please fill out the appropriate form | | | | | | | | | | | | | 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 | | | | | | **Presumptive Diagnosis:**  □Disease of public health interest  □Condition of public health interest/unknown or cluster, needs follow-up  □Condition not requiring public health follow-up | | | | | | | 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 boarding  □ 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 7 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.