

Traveler Contact Information Form

Form Approved
OMB No.: xxx-xxxx
Exp. Date: xx/xx/xxxx

Note to CBP: Please ask traveler to complete this form in its entirety to ensure that CDC can conduct follow up. If traveler is unable to complete the form, please assist the traveler in completing the form.

Please print clearly.

Name _____

Name of parent/guardian if individual is under 18 _____

Permanent Address

Address _____

City _____ State _____ Zip Code _____ Country _____

Work Telephone _____ Work Email _____

Home Telephone _____ Home Email _____

Mobile Telephone _____

Address where you may be contacted in US (if different from permanent address)

Address _____

City _____ State _____ Zip Code _____ Country _____

Work Telephone _____ Work Email _____

Home Telephone _____ Home Email _____

Mobile Telephone _____

For Customs and Border Protection use

Dose/dose-rate (include units) _____

Isotope _____

CBP, please transmit via secure password-protected email from NOC to SOC to CDC EOC to eocepiinvest2@cdc.gov.

Public reporting burden of this collection of information is estimated to average 10 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (xxxx-xxxx).



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention