## Optional General Air/Land Contact Investigation Outcome Reporting Form

1. PASSENGER CONTACT INFORMATION								
Last name, First name	Assigned	Actual/Verified	Sex	DOB	Age	Country of	Country of	
	seat	seat #		(mm/dd/yy) OR	(yrs)	birth	residence	
(Auto-populated)	(Auto-pop)						(Auto-pop, if available)	
2. CONTACT INVESTIGATION OUTCOME FOR ABOVE NAMED PASSENGER CONTACT								
Were you able to contact this passenger? ☐ Yes ☐ No								
If <b>yes</b> , date passenger was cont	If no	If <b>no</b> , why could you not contact the passenger? (please check all						
				that apply)				
				☐ Incorrect locating info ☐ No longer at temporary address				
☐ E-mail ☐ Emergency Contact				☐ No response ☐ Returned to country of residence				
☐ Other (please specify):		 (Continue		☐ Other (please specify):(Stop here)				
Additional comments:			-)	(Stop nere)				
Additional Commence.								
3. INTERVIEW INFORMATION								
Was contact interviewed?								
□ No, why not? □ Declined □ Lives in different jurisdiction (specify) □ Other (specify) <b>(Stop here)</b> □ Yes <b>(Continue)</b>								
If contact is a woman of child-bearing age, is she pregnant? $\square$ No $\square$ Yes; what trimester at the time of flight? $\square$ 1 <sup>st</sup> $\square$ 2 <sup>nd</sup> $\square$ 3 <sup>rd</sup>								
4. HISTORY OF THIS DISEASE OR VACCINE								
History of disease:  No Yes; Approximate date//_ or age (yrs)when had [this disease]  Unknown								
History of vaccination:								
□No								
☐ Yes; Number of doses of (disease auto-populated)-containing vaccine, ☐☐ Unknown Approximate dates or age received: 1/ or age;								
Approximate dates or a		/ or age / or age						
2								
4/ or age;								
	5.	/ or age						
☐ Unknown  5. INTERVENTION RELATED TO EXPOSURE ON THE FLIGHT								
Did contact receive prophylaxis for this exposure?  \Big \text{No} \Big \text{Yes}								
If no, please check why not:								
Outside window for prophylaxis								
☐ Within window for prophylaxis but declined								
☐ Other (specify): If yes, please check what the co	ntact received	and the date (mm/de	<del>1</del> ) :					
☐ Antimicrobial drug; Date received:/								
□ Vaccination for this disease; Date received:/								
☐ Immunoglobulin; Date received:/								
6. HEALTH SINCE FLIGHT: FIRST INTERVIEW DONE <u>LESS THAN</u> ONE INCUBATION PERIOD SINCE FLIGHT NOTE: If your first interview was <u>after</u> the incubation period (># days since the flight), please skip to section 7								
Interview Date://								
Did contact report any signs or symptoms? ☐ No <b>(Stop here)</b> ☐ Yes; please check all that apply: ☐ Fever; Date of onset:/, Maximum temperature measured:°C/F								
☐ Fever, Date of onset/, Maximum temperature measured C/F								
☐ Cough; Date of onset://								
Rash; Date of onset://								
☐ Coryza; Date of onset:// ☐ Conjunctivitis; Date of onset://								
☐ Conjunctivitis; Date of onset:/								
☐ Swollen glands; Date of onset://								
☐ Vomiting; Date of onset:/								
☐ Diarrhea; Date of onset://								
☐ Jaundice; Date of onset:// ☐ Headache; Date of onset://								
	□ Neck stiffness; Date of onset://							
☐ Unisual bleeding: Date of onset: / /								

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☐ Decreased consciousness; Date of onset://
☐ Difficulty breathing/shortness of breath; Date of onset://
☐ Recent onset of focal weakness and/or paralysis; Date of onset:/
7 HEALTH CINCE PLICHT, INTERVIEW DONE AT LEAST ONE INCIDATION DEDICE SINCE PLICHT
7. HEALTH SINCE FLIGHT: INTERVIEW DONE <u>AT LEAST</u> ONE INCUBATION PERIOD SINCE FLIGHT
Interview Date:/
$\square$ N/A (did not follow-up with passenger after first interview)
Did contact report any signs or symptoms? ☐ No ( <b>Stop here</b> ) ☐ Yes; please check all that apply:
☐ Fever; Date of onset:/, Maximum mesured temperature:°C/F
☐ Fever, Date of onset/, Maximum mesured temperature C/F
☐ Cough; Date of onset://
Rash; Date of onset://
☐ Coryza; Date of onset://
☐ Conjunctivitis; Date of onset://
☐ Sore throat; Date of onset://
☐ Swollen glands; Date of onset://
□ Vomiting; Date of onset://
☐ Diarrhea; Date of onset://
☐ Jaundice; Date of onset:/
☐ Headache; Date of onset://
□ Neck stiffness; Date of onset://
Unusual bleeding; Date of onset://
Decreased consciousness; Date of onset://
☐ Difficulty breathing/shortness of breath; Date of onset://
☐ Recent onset of focal weakness and/or paralysis; Date of onset://
8. DIAGNOSIS
If contact reported symptoms, was s/he evaluated by a health care provider? □ No □ Yes; Date(s)://;/
If yes, was the contact diagnosed with [this disease]?   No  Yes; Date://  Insufficient Information
How was diagnosis made?
☐ IgM ☐ Paired IgG ☐ PCR ☐ Culture ☐ Epi-linked ☐ Clinical diagnosis only ☐ Other (specify):
Has anyone else developed [this disease] as a result of exposure to this person?   No Yes; Who?
Was this passenger a close contact of the index case other than on the flight?
□ No □ Yes, type: □ Household □ Travel companion □ Social □ Work □ Other
Is this passenger a close contact with a known case of [this disease] other than the person on flight?
☐ No ☐ Yes; with whom? Date of last exposure (mm/dd):/ ☐ Unknown  Has contact visited other countries during the past month? ☐ No ☐ Unknown ☐ Yes
If yes, list the country with the corresponding dates (mm/dd):
1 From:/ to/ 2 From:/ to/
3. From:/ to/
3 From:/ to/
3. From:/ to/  9. COMMENTS [free text field]
3 From:/ to/
3 From:/ to/
3 From:/ to/

Public reporting burden of this collection of information is estimated to average 5 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

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