

# Illness or Death Report

Illness and Death Menu

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**For urgent reports\***, in addition to filling out this template, call immediately the CDC quarantine station at or closest to the next port of arrival.  
\*Urgent reports include suspected cases of cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fever, severe acute respiratory syndrome (SARS), novel influenza viruses, meningococcal disease, measles, mumps, rubella, pertussis, and unusual illness, cluster of illnesses or deaths due to a communicable disease.

All fields are required.  
(Acceptable Characters: a-z A-Z 0-9 space ! , . : ? )

Ship Name	Vspbeta	Ship Line	VSP Office Cruise Line
Voyage No.		Cruise Length(Days)	
Emergency Contact Name		Emergency Contact Number	
Email Receipt To			
Embarkation Port	Alexandria, VA	Embarkation Date	(mm/dd/yyyy)
Next U.S. Arrival Port	Alexandria, VA	Next U.S. Arrival Port Date Time	12 : 00 (24 Hour) (mm/dd/yyyy)
Disembarkation Port	Alexandria, VA	Disembarkation Date	(mm/dd/yyyy)

### Information on Illness or Death

You must enter at least one case. You must select at least one sign and symptom. If the sign or symptom is not in the list, enter text into the "Other" textbox

Case No. <input type="text"/>	<b>Signs and Symptoms (check all that apply)</b>			
Report Type Illness During Travel	<input type="checkbox"/> Fever/Recent Fever History	<input type="checkbox"/> Skin Rash	<input type="checkbox"/> Conjunctivitis/eye redness	<input type="checkbox"/> Persistent Cough
Crew or Passenger Passenger	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Difficulty Breathing/Shortness of Breath	<input type="checkbox"/> Swollen Glands	<input type="checkbox"/> Severe vomiting
<input type="checkbox"/> Illness/Death is Part of a Cluster/Outbreak	<input type="checkbox"/> Severe diarrhea	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Headache	<input type="checkbox"/> Neck stiffness
	<input type="checkbox"/> Decreased Consciousness	<input type="checkbox"/> Recent focal Weakness/Paralysis	<input type="checkbox"/> Unusual Bleeding	<input type="checkbox"/> Obviously unwell
	<input type="checkbox"/> Injury	<input type="checkbox"/> Chronic condition	<input type="checkbox"/> Asymptomatic	
	Other <input type="text"/>			
Presumptive Diagnosis or Cause of Death	<input type="text"/>			
If 'Other', please specify:	<input type="text"/>			
<input type="button" value="Add case to report"/>	<input type="button" value="Clear Signs and Symptoms"/>			

Make sure to click "Add case to report" after entering your case.

Only submit reports after adding all cases.

Must enter at least one case.