

Temperature

**UNITED STATES  
TRAVELER HEALTH DECLARATION**

**DHS should complete this form for EACH traveler.** The information is being collected as part of the public health response to the outbreaks of Ebola. The information will be used by U.S. public health authorities and other international, federal, state, or local agencies for that purpose. The legal authorities for this collection are sections 311 and 361-368 of the Public Health Service Act.

NOTE: While cooperation with CDC during this proposed risk assessment is voluntary, if an individual refuses to provide the requested information, or is not truthful about the information provided during screening or an illness investigation, CDC may, if it is reasonably believed that the individual is infected with or has been exposed to Ebola, quarantine, isolate, or place the individual under surveillance under 42 CFR 71.32 and 71.33.

**Traveler's Information:**

Ebola outbreak countries been in during last 21 days: .....

Last (family) name: .....First (given) name: .....

Passport country: .....Passport number: .....

Birth date: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YY) Sex: Male  Female  Arrival date: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YY)

Airline: ..... Flight number: ..... Seat number(s): .....

1<sup>st</sup> e-mail address: .....2<sup>nd</sup> e-mail address: .....

1<sup>st</sup> telephone number (include country code or country name): .....

2<sup>nd</sup> telephone number (include country code or country name): .....

Home address: .....

Address for next 21 days: .....

Name of a friend or relative in United States (U.S.) .....

U.S. friend/relative's email:.....Phone number:(.....).....-.....

**DHS visual observation**

Have you observed vomiting, diarrhea, or visible bleeding?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

*DHS Officer, ask traveler the following questions:*

**Today or in the past 48 hours, have you had any of the following symptoms?**

**A.** Fever (100° F / 38° C or higher), feeling feverish, or having chills?

**B.** Vomiting or diarrhea?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**In the last 21 days, have you done any of the following?**

**C.** Lived in the same household or had other contact with a person sick with Ebola?

**D.** Worked in a health care facility or a laboratory in an Ebola outbreak country?

**E.** Touched the body of someone who died in an Ebola outbreak country?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**DHS Action Taken**

**DHS Officer's Name:** \_\_\_\_\_ **Airport Code:** \_\_\_\_\_

<input type="checkbox"/> Referred to CDC	<b>OR</b>	<input type="checkbox"/> Gave traveler tear sheet, <input type="checkbox"/> CDC health materials, <b>AND</b> <input type="checkbox"/> Released traveler
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