

UNITED STATES  
TRAVELER HEALTH DECLARATION

Health and Human Services, Centers for Disease Control and Prevention  
OHS approved 0920-0821  
Exp XXXX/XXXX

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. This 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.

CARE Information

\* Temperature (\*F):  
CARE ID #:  
CARE Cell #:  
\* Language:  
English

Ebola Outbreak Countries

\* Ebola Outbreak Countries In Last 21 Days:  
 Guinea  
 Liberia  
 Mali  
 Sierra Leone  
Other:

Traveler Information

\* Last (Family) Name:  
\* First (Given) Name:  
Passport Country:  
Passport Number:  
Birthdate (mmddyyyy):  
Sex:

Flight Information

\* Departure From Outbreak Country (mmddyyyy):  
\* Date of US Arrival (mmddyyyy):  
\* Arrival Airport Code:  
\* Airline Carrier Code:  
\* Flight Number:  
\* Seat Number:

Contact Information

Email Address:  No email address  
1st:  
2nd:  
Telephone Number (Include Country Code/Name):  No phone number  
1st:  Mobile  
2nd:  Mobile  
Home Address:  
Address:  
City:  
State:  
ZIP Code:  
Country:  
Address For Next 21 Days:   
Address:  
City:  
State:  
ZIP Code:  
Country:  
Dates At Address: to  
Additional Address For Next 21 Days:  No additional address  
Address:  
City:  
State:  
ZIP Code:  
Country:  
Dates At Address: to  
Friend or Relative in United States:  
Name:  
Email:  
Phone:

Health Information

DHS Officer, observe the traveler:  
\* Do you see signs of illness (vomiting, diarrhea, bleeding)?  
 Yes  No  
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?  
 Yes  No  
\* B. Vomiting or diarrhea?  
 Yes  No  
In the last 21 days (3 weeks), have you done any of the following?  
\* C. Lived in the same household or had contact with a person sick with Ebola or a person who was very sick or died?  
 Yes  No  
\* D. Been in a health care facility or a laboratory in an Ebola outbreak country?  
 Yes  No  
\* E. Been around or touched a dead body, or gone to a funeral, in an Ebola outbreak country?  
 Yes  No

DHS Information

Materials Given:  Gave tear sheet (if CARE Kit not available)  Gave CARE kit  
\* Action(s) Taken:  Referred to Tertiary  Released  
DHS Officer:

Print Save Draft Submit to CDC

Public reporting burden of this collection of information is estimated to average 15 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 OHS 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.