Attachment 1 — Intake Form

Date	Study Site	Participant Name	Age	Sex	Chiefdom	Ebola Treatment Unit Case Investigation Form Number	Survivor Certificate Number

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching excompleting 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 informatic comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Infor Atlanta, Georgia 30333; ATTN: PRA (0920-XXXXX).

Form Approved OMB No. 0920-XXXX Exp. Date xx/xx/xxxx

EVD Discharge Certificate Number	National Identification Card Number	Assigned Unique ID
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xisting data sources, gathering and maintaining the data needed, and on unless it displays a currently valid OMB control number. Send mation Collection Review Office, 1600 Clifton Road NE, MS D-74,