OMB Control No. 0920-0900
Expiration Date: XX/XX/XXXX

General Maritime Contact Investigation Outcome Reporting Form
FAX completed form to the CDC at 404.718.2158; For questions, call 404.639.7147

1. VOYAGE INFORMATION

CDC/QARS ID#	Arrival date	Departure city/port	Arrival city/port	Index case cabin

2. INDEX CASE CLINICAL AND LAB INFORMATION

3. PASSENGER CONTACT INFORMATION

Last name, First name or Unique Identifier	Assigned cabin	Gender	DOB (mm/dd/yy)/Age (yrs)

4. CONTACT /INTERVIEW INFORMATION

Were you able to contact this person?

☐ No, why not? ☐ Incorrect locating information ☐ No longer at temporary address but still in the U.S. ☐ No response
☐ Returned to country of residence ☐ Didn't attempt follow-up ☐ Other, specify _____ **(Stop here)**

☐ Yes, date contacted: ___/___/___

Was contact interviewed?

☐ No, why not? ☐ Declined ☐ Lives in different jurisdiction, specify _____
☐ Other, specify _____ **(Stop here)**

☐ Yes; actual/verified cabin #_____ , date of last known contact with index case: ___/___/___

Was this person a known close contact of the index case outside of this voyage (e.g. family member)? ☐ No ☐ Yes

Was this person a crew member? ☐ No ☐ Yes, was this person frequently in close proximity to index case besides sharing living quarters (i.e. work or social)? ☐ No ☐ Yes, specify: _____

5. IMMUNITY

Vaccination or history of disease: ☐ Not vaccinated ☐ Vaccinated, date of most recent dose: ____/____/_____
☐ History of disease ☐ Immunity established by serology ☐ Unknown

6. HEALTH SINCE EXPOSURE

Did contact report any signs or symptoms? ☐ No ☐ Yes; check all that apply:

☐ Fever (Max temp measured _____°C/F) ☐ Cough ☐ Rash ☐ Coryza ☐ Conjunctivitis
☐ Sore throat ☐ Swollen glands ☐ Vomiting ☐ Diarrhea ☐ Jaundice ☐ Headache ☐ Neck stiffness
☐ Unusual bleeding ☐ Decreased consciousness ☐ Difficulty breathing/shortness of breath
☐ Recent onset of focal weakness and/or paralysis ☐ Other, specify _____

7. PUBLIC HEALTH INTERVENTION

Did contact receive prophylaxis for this exposure?

☐ No, why not?
☐ Outside window for prophylaxis ☐ Within window for prophylaxis but declined ☐ Other, specify _____

☐ Yes, please indicate what s/he received and include the date(s):
☐ Antimicrobial drug; specify_____, date received: ___/___/___ ☐ Vaccination; date received: ___/___/___
☐ Immunoglobulin; date received: ___/___/___ ☐ Other, specify: _____, date received: ___/___/___

8. DIAGNOSIS

Was this person diagnosed with the disease in question?

☐ No

☐ Unknown, why? ☐ Declined medical evaluation ☐ Not interviewed after incubation period
☐ Lost to follow-up ☐ Other, specify _____

☐ Yes, how was diagnosis made? (Check all that apply)
☐ IgM ☐ Paired IgG ☐ PCR ☐ Culture ☐ Epi-linked ☐ Clinical diagnosis ☐ Other, specify_____

Check any of the following potential exposures this person may have had recently for the disease in question:
☐ Exposed to a confirmed case besides the index case on the ship
☐ Other, specify: _____

9. COMMENTS

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 0920-0900.