Basic Info	rmation ab	out Contact(	(s)								
Contact Number	Initials or Crew #	Crew Member/ Passenger	Sex (M/F)	Date of Birth (MM/DD/YY) or Age in years	nercon?	If no, why not? (contact disembarked in another country, transferred to another ship, etc) (If no, stop here)	If yes, date contacted: MM/DD/YY	If no, why not? (declined, other) (If no, stop here)	Date of last known exposure with index case MM/DD/YY	Was this person a known close contact of the index case outside of this voyage (e.g. family member or travel companion?)	
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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.

How many doses of measles containing vaccine (MMR) had this person received? 0-3  Was this person known to be sort of municed due to a history of measles?  Y/N  Was this person known to be sort of municed with the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person known to the the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person known to be sort of municed with the person received? 0-3  Was this person which was the person with the person received? 0-3  Was this person which was the person which was the person received? 0-3  Was this person which was the person which was the person which was the person received? 0-3  Was this person which was the person which was the person received? 0-3  Was this person which was the person received? 0-3  Was this person which was the person received? 0-3  Was this person which was the person which was the person received? 0-3  Was this person which was the person received which was the person received? 0-3  Was this person which was the person received which was the person received? 0-3  Was this person which was the person received which was	Prior Immunity			Measles Interven	tion related to Ex	posure		Symptor	ns of Measles S	Since Ex	oosure		
Respond with NA if not done or not applicable	of measles containing vaccine (MMR) had this person	immune due to a history of measles?	known to be immune due to serology results?	receive prophylaxis for this exposure?	(outside window for prophylaxis, declined,	or immunoglobulin used?	given	person have Fever?	what was maximum temperature	Rash? Y/N	Cough? Y/N	Coryza? Y/N	Conjunctivitis' Y/N
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Diagnosis		
Was this person diagnosed with measles? Y/N/Unknown	If unknown, why? (declined evaluation, lost to follow-up, not interviewed after incubation period)	If yes, list the following positive criteria that were used to make the diagnosis: IgM, Paired IgG, PCR, Culture, Epi- linked, Clinical diagnosis, Other
Incubation period	for measles has a m	aximum of 21 days