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 e
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 informati
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Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

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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