Basic Information about Contact(s)												
Contact Number	Initials or Crew #	Crew Member/ Passenger Y/N	Sex (M/F)	Date of Birth or Age in years MM/DD/YY	Were you able to contact this person? Y/N	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	Was contact interviewed? Y/N	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, travel companion?) Y/N	Specify types of contact this person had with index case (cabinmate, work or social contact?)
1												
2												
3												
4												
5												
6												
7												

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.

Prior Immunity			Rubella Intervention related to Exposure			Health and SymptomsSince Exposure						
How many doses of rubella-containing vaccine (MMR) had this person received? 0-3	Was this person immune due to a history of rubella? Y/N	Was this person known to be immune due to serology results? Y/N	Did person receive prophylaxis for this exposure*? Y/N	If yes, what was given? (immunoglobulin, or if something else, specify)	Date prophylaxis given MM/DD/YY Y/N	Was this person pregnant? Y/N	If yes, what trimester? (1st, 2nd, 3rd)	Did person have Fever? Y/N	If yes to fever, what was maximum temperature measured?	Rash? Y/N	Cough? Y/N	Coryza? Y/N

Respond with NA if not done or not applicable *Rubella prophylaxis not usually recommended

			Diagnosis		
Conjunctivitis? Y/N	Lymph-adenopathy? Y/N	Arthritis/ arthralgia? Y/N	Was this person diagnosed with rubella? 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
			Incubation period for rubella has a maximum of 23 days		