Basic Info	rmation ab	out 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)	Was this person a known close contact of the index case outside of this voyage (e.g. family member, travel companion?)	Specify types of contact this person had with index case (cabinmate,
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 Intervent	tion related to Exposu	re	Health and S	SymptomsSin	ce 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
Doonand with NA	if not done or not o	anliachla *Duball	a mrambulavia matu	usually recommended								
respond with twa	ii not done or not d	ppileable Rubeii	и ргорпушла посс	assum recommended								
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			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 ma	ximum of 23 days			