 **Land Travel Illness or Death Investigation Form**

Form Approved

OMB Control No.0920-0134

Exp XX/XX/XXXX

**U.S. Centers for Disease Control and Prevention**

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| **Section 1. Quarantine station notification** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QARS Unique ID #: | | | | CDC User ID: | | | | | Port of Entry: | | | | | | | | | | | | State: | | | | | | |
| Person notifying CDC: | | | | | | | | Phone: | | | | | | | | | | | | | Email: | | | | | | |
| Agency notifying CDC: | | | | | | | | Date of initial notification to CDC: | | | | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  mm dd yyyy | | | | | | | | Time of initial notification to CDC (24 hrs): | | | | | | | \_\_\_\_\_ : \_\_\_\_\_  hh : mm |
| Type of notification: | | □ Illness □ Death | | | | | | | | | | When was the Quarantine Station notified?:  □ Before any travel was initiated  □ During travel  □ Prior to boarding conveyance  □ While traveler was on a conveyance  □ After disembarking conveyance  □ After travel completed (reached final destination for that leg of trip)  □ Unknown | | | | | | | | | | | | | | | |
| Type of traveler: □ Crew □ Passenger □ N/A | | | | | | | | | | | |
| Where was the traveler when the QS was notified?:  □ In U.S. jurisdiction  □ In foreign jurisdiction  □ Unknown | | | | | | | | | | | |
| **NOTE:** If ill/deceased person also traveled via □ Air and/or □ Maritime conveyances, please fill out the appropriate form and attach | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2: Pertinent medical history of ill or deceased person** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relevant history: present illness, other medical problems, vaccinations, etc.: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Traveler has taken:  □Antibiotic/antiviral/antiparasitic(s) in the **past week**; list with date(s) started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □Fever-reducing medications (e.g. acetaminophen, ibuprofen) in the **past 12 hrs**; list with time of last dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other medications (related to current symptoms/illness); list with date(s) started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Relevant Exposures:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Countries visited in the past 3 weeks: | State/city/village | Arrival date | Exposure to ill persons? | Exposure to animals? | Other exposures (chemical, drug ingestion, etc)? | |  |  |  | □ No  □Yes, \_\_\_\_\_\_\_\_\_\_\_\_ | □ No  □Yes, \_\_\_\_\_\_\_\_\_\_\_\_ | □ No  □Yes, \_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  | □ No  □Yes, \_\_\_\_\_\_\_\_\_\_\_\_ | □ No  □Yes, \_\_\_\_\_\_\_\_\_\_\_\_ | □ No  □Yes, \_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  | □ No  □Yes, \_\_\_\_\_\_\_\_\_\_\_\_ | □ No  □Yes, \_\_\_\_\_\_\_\_\_\_\_\_ | □ No  □Yes, \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signs, Symptoms, and Conditions (check all that apply) :** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ FEVER(≥100°F or ≥38°C) **OR**  feeling feverish/having chills in past 72 hrs  Onsetdate: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**  Current temperature: \_\_\_\_\_\_0 F/C | | | | | | | □ Sore throat  Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  □ Difficulty breathing/shortness of breath  Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | | | | | | | | | | | □ Neck stiffness  Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  □ Decreased consciousness  Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | | | | | | | |
| □ Rash  Onset date: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**  Appearance:  □ Maculopapular □ Vesicular/Pustular  □ Purpuric/Petechial □ Scabbed □ Other | | | | | | | □ Swollen glands  Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  Location: □ Head/neck □ Armpit □ Groin  □ Vomiting  Onset date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  Number of times in past 24 hrs? **\_\_\_\_\_\_** | | | | | | | | | | | | □ Recent onset of focal weakness and/or  Paralysis  Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  □ Unusual bleeding  Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | | | | | | | |
| □ Conjunctivitis/eye redness  Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  □Coryza/runny nose  Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | | | | | | □ Diarrhea  Onset date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  Number of times in past 24 hrs?: \_\_\_\_\_\_  □ Jaundice  Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | | | | | | | | | | | □ Obviously unwell  □ Injury  □ Chronic condition | | | | | | | | |
| □ Persistent cough  Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  □ With blood □ Without blood | | | | | | | □ Headache  Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | | | | | | | | | | | □ Asymptomatic  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Deceased Persons:** | Date of Death: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  mm dd yyyy | | | | | | | | | | | | Time of death (24 hours): | | | | | | | | | | | *\_\_\_\_*\_:*\_\_\_\_\_*  hh : mm | | | |
| **Presumptive Diagnosis or Cause of Death:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If traveling by conveyance, does anyone else have similar illness?: **□** No **□** Yes **□** Unknown (If yes, please fill in a new form for each person in the cluster.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Response or Report:**  □ Requires DGMQ Response & Follow-up **(Proceed to next section)**  □ Information Report Only / No Follow-up Needed **(STOP HERE)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 3. General information about the ill or deceased person** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last/paternal name: | | | | | | | | | | | | First/given name: | | | | | | | | | | | | | | | |
| Middle name: | | | | | | Maternal name (if applicable): | | | | | | | | | | | Other names used (e.g., former name, alias): | | | | | | | | | | |
| Gender: □ Male □Female | | | | | | Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  mm dd yyyy | | | | | | | | | | | Age (if date of birth unknown):  \_\_\_\_\_\_\_ □ Days □Weeks □Months □ Years | | | | | | | | | | |
| Country of birth: | | | | | | | | | | | Frequency of  border crossing: \_\_\_\_\_\_\_\_ times/ □ Day □Week □Month □ year | | | | | | | | | | | | | | | | |
| Passport country/citizenship | | | | | | Type of ID: | | | | | | | | ID document #: | | | | | | | | | | | | Visa?:  □ Yes □ No | |
| **For deceased persons, go to Section 5. Otherwise, continue below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home address: | | | | | City: | | | | | | | | | | State/province: | | | | | | | | | | Zip/postal code: | | |
| Country of residence: | | | | | Home telephone: | | | | | | | | | | If visiting, total duration of  U.S. stay: \_\_\_\_\_\_\_\_\_\_ □ Days □ Weeks □ Months □ Years | | | | | | | | | | | | |
| Contact in U.S. - Address/hotel:    □ Same as home address above | | | | | | | | | | | | | | | | | | | | | | | E-mail: | | | | |
| Contact in U.S. - City: | | | | | Contact in U.S. - State/territory: | | | | | | | | | | | Contact phone in U.S.: | | | | | | | | | | | |
| □ Cell | | Number of days reachable at contact phone: \_\_\_\_\_\_\_ | | | | | | | | | |
| Emergency contact name: | | | | | Emergency contact relationship: | | | | | | | | | | | Emergency contact phone: | | | | | | | | | | | |
| **Section 4. Border Crossing Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| License plate #: | | | State/province/country issued: | | | | | | | Attempted entry outside an official POE?:  □Yes □ No □ Unknown | | | | | | | | | | | | Contact information collected on conveyance passengers/driver(s)?:  □ Yes □ No □ Unknown | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Crossing Type\*** | **From**  **(City/Country)** | **Departure date** | **To (City/Country)** | **Arrival date** | **Significant stops** | **Name of commercial carrier, if applicable** | **Bus/Train #** | **Seat #** | | **Current Segment:** | | | | | | | | | |  |  |  |  |  |  |  |  |  | | **Past & Upcoming Segments:** | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |   \*Crossing Type: **V**: Personal vehicle **TC**: Taxi cab **M**: Motorcycle **P**: Pedestrian/Bike **B**: Passenger bus **CC**: Commercial cargo vehicle **A**: Ambulance  **T:** Train **O**: Other | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 5. Disposition of ill/deceased person** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ill person was (check all that apply):** | | | | | | | | | | | | **Deceased Person:** | | | | | | | | | | | | | | | |
| □ Released to continue travel  □ Advised to seek medical care  □EMS responded  □ Recommended to not continue travel  □ Transported to hospital (□MOA activated): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Transported to non-hospital location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □Detained by law enforcement, location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □Denied entry by law enforcement  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | Body released to medical examiner?: □ Yes □ No  Medical examiner telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |

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