Form Approved
OMB Control No.0920-XXXX
Exp XX/XX/XXXX

UNITED STATES
TRAVELER HEALTH DECLARATION FOR REPATRIATION FLIGHTS

Providing the following information to the Centers for Disease Control and Prevention is authorized under Title 42 Code of Federal Regulations Section 71.20, and is being collected as part of the public health response to 2019 Novel Coronavirus (COVID-2019). The information will be used by U.S. public health authorities and other international, federal, state, or local agencies for public health purposes.

Each traveler needs a separate form.

Family name: …… First (given) names: ……

Citizenship:…… Country of residence: ……

Birth date: ___ /___ / ___ (Day/Month/Year) Sex: Male ☐ Female ☐

Date of US arrival: ___ /___ / ___ (Day/Month/Year) Seat number(s) on plane: ……

Final destination address: ……

……City: ……

State/Province: …… Country: ……E-mail address: ……

Do you have a US mobile phone? Yes ☐ No ☐ US mobile number: ……

TODAY OR IN THE PAST 72 HOURS (3 DAYS), HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?

	YES	NO
Fever (100.4° F / 38° C or higher), felt feverish, or had chills?		
Cough?		
Difficulty breathing?		

IN THE PAST 14 DAYS, HAVE ANY OF THE FOLLOWING APPLIED TO YOU?	YES	NO
Worked as a health care provider in Hubei Province?		
Worked in a health care facility in Hubei Province but not as a healthcare provider?		
Visited a health care facility in Hubei Province?		
Were a patient in a health care facility in Hubei Province?		
Were around with someone sick with COVID-2019?		
Were around someone sick with fever AND cough or difficulty breathing in Hubei Province?		

Since 1 December, 2019, have you been diagnosed with COVID-2019 infection or pneumonia? Yes ☐ No ☐

If yes, date of diagnosis: ___ /___ / ___ (Day/Month/Year)

TO BE COMPLETED BY CENTERS FOR DISEASE CONTROL AND PREVENTION STAFF

First POE: Arrival Temp ☐ Visible signs of illness: Yes ☐ No ☐ Screener:_____

Departure Temp ☐ Visible signs of illness: Yes ☐ No ☐ Screener: _____

Repatriation Center: Temp ☐ Visible signs of illness: Yes ☐ No ☐ Screener: _____