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

UNITED STATES
TRAVELER HEALTH DECLARATION FOR REPATRIATION (SHIP)

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.

Flight 1: Number_____ Seat number_____

Flight 2: Number_____ Seat number_____ (if needed)

Flight 3: Number_____ Seatnumber_____ (if needed)

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

Citizenship:…… Country of residence: ……

Birth date: ___ /___ / ___ (Day/Month/Year) Sex: Male ☐ Female ☐ Cabin number on ship:……

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 24 HOURS 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, DID YOU HAVE CLOSE CONTACT (WITHIN 6 FEET/2 METERS) OF A PERSON WITH COVID-2019?

YES ☐ NO ☐

If yes, date contact occurred: _____/_____/_____ (Day/Month/Year)

Was this person your cabin mate on ship? YES ☐ NO ☐

TO BE COMPLETED BY CENTERS FOR DISEASE CONTROL AND PREVENTION STAFF

Destination 1: Arrival Temp		Visible signs of illness: YES ☐ NO ☐	Screener:_____
Destination 2: Arrival Temp		Visible signs of illness: YES ☐ NO ☐	Screener:_____(if needed)
Destination 3: Arrival Temp		Visible signs of illness: YES ☐ NO ☐	Screener:_____(if needed)