

## **UNITED STATES TRAVELER HEALTH DECLARATION**

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

Providing the following information to the Centers for Disease Control and Prevention is required under Title 42 Code of Federal Regulations Section 71.20, and is being collected as part of the public health response to a new coronavirus first identified in China. 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 coming from Iran or the People's Republic of China, ("mainland China") needs to fill out one form. Mainland China does not include travelers coming from the Special Administrative Regions of Hong Kong, Macau, and the island of Taiwan.

Time start: Arrival airport code: Other port of entry:

## IN THE PAST 14 DAYS HAVE YOU BEEN IN ANY OF THE FOLLOWING LOCATIONS?

LOCATION	YES/NO		LAST DATE IN AREA	
MAINLAND CHINA	Yes	No	If yes, last date in mainland China (Day/Month/Year):	
HUBEI PROVINCE, CHINA	Yes	No	If yes, last date in Hubei Province (Day/Month/Year):	
IRAN	Yes	No	If yes, last date in Iran (Day/Month/Year):	

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	IRAN	Yes No If yes, last date in Iran (Day/Month/Year):						
Famil	y name:		First (given) name	):				
Country of residence: Citizenship:								
Passp	oort number:	Birth da	ate (Day/Month/Year):	Sex:	Male Fem	ale		
Date o	of US arrival (Day/Month/Year):	Airlin	Airline:					
Other	airline:		Flight number:	Seat n	Seat number(s):			
	Destination ess or hotel name:							
City:			State:					
E-mai	il address:		Telephone number in U	IS:	Mobile?	? Yes	No	
Ye T <b>OD</b>	NO AY OR IN THE PAST 24 HOURS, I	IAVE YOU HAD AN	Y OF THE FOLLOWING SYMPT	OMS?				
	SYMPTOM			YES/NO				
	Fever (100.4° F / 38° C	rish, or had chills?	Ye	s No				
Cough?				Ye	s No			
	Difficulty breathing?			Yes	s No			
Meas	ured temperature:	OII	ESTIONS FOR SCREENER					
Does	traveler have visible signs of coug			Yes	No			
Trave	ler was: Released	Referred for public	health risk assessment					
Comp	eleted by:							
Trans	lator needed? Yes No	Time end	:					

This data collection is mandatory. Public reporting burden of this collection of information is estimated to average 15 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-XXXX.