

UNITED STATES TRAVELER HEALTH DECLARATION

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 the novel coronavirus (COVID-19) pandemic. 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 a country for which the United States has applied entry restrictions due to the 2019 Novel Coronavirus (COVID-19) needs to fill out a form¹.

Arrival airport code:	Other port of entry	:					
IN THE PAST 14 DAYS WERE	YOU IN HUBEI PROV	INCE, CHINA	Yes	No			
IN THE PAST 14 DAYS HAVE ` ON THE BOTTOM OF THIS FC		F THE OTHE	R COUNTRIES (Yes	DR GEOGRAPHIC RE No	GIONS	LISTEI	D
Family name:			First (given) nan	ne:			
Birth date (Day/Month/Year):	Sex: Male	Female	Date of US arrival (Day/Month/Year):				
Airline:		Fli	ight number:	Seat number(s	s):		
U.S. Destination Address or hotel name:							
City:			State:				
E-mail address:		Tel	ephone number in	US: M	obile?	Yes	No

TODAY OR IN THE PAST 24 HOURS, HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?

SYMPTOM		YES/NO	
Fever (100.4° F / 38° C or higher), felt feverish, or had chills?	Yes	No	
New or worsening persistent (frequent or continuing) cough?		No	
New or worsening difficulty breathing?		No	

QUESTIONS FOR SCREENER ·

Measured temperature:

Does traveler have visible signs of cough or shortness of breath or being obviously unwell? Yes No

Traveler was: Released Referred for public health risk assessment

Completed by:

¹**People's Republic of China** (mainland), **Schengen Area** (Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, and Vatican City), **Iran, Ireland, United Kingdom**

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 0920-1287.