 **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:** |
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| 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, \_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 |
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| **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:** |
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 \*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  |
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| **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 □ NoMedical examiner telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Public reporting burden of this collection of information is estimated to average 5 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 0920-0821