

## UNITED STATES PRE-BOARDING PUBLIC HEALTH SCREENING FOR US REPATRIATION FLIGHTS

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 (COVID-2019) 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 needs a separate form.**

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

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_(Day/Month/Year)      Date of flight: \_\_\_\_/\_\_\_\_/\_\_\_\_(Day/Month/Year)

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

Fever (100.4° F / 38° C or higher), felt feverish, or had chills?

Cough?

Difficulty Breathing?

In the past TWO WEEKS, have you been diagnosed with pneumonia?

| YES | NO |
|-----|----|
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|     |    |

**BELOW TO BE COMPLETED BY HEALTH SCREENING STAFF**

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Measured temperature:

Visible signs of cough or difficulty breathing: Yes  No

Completed by: \_\_\_\_\_