OMB Control No. 0920-0900
Expiration Date: XX/XX/XXXX

General Land Contact Investigation Outcome Reporting Form
FAX completed form to the CDC at 404.718.2158; For questions, call 404.639.7147

1. TRAVEL INFORMATION

CDC/QARS ID#	Arrival date	Departure city, state	Arrival city, state	Point of Entry	☐ Train ☐ Bus Company/Route No:

2. INDEX CASE CLINICAL AND LAB INFORMATION

3. PASSENGER CONTACT INFORMATION

Last name, First name	Address/Phone/email	Gender	DOB (mm/dd/yy)/Age (yrs)

4. CONTACT /INTERVIEW INFORMATION

Were you able to contact this person?

☐ No, why not? ☐ Incorrect locating information ☐ No longer at temporary address but still in U.S. ☐ No response
☐ Returned to country of residence ☐ Didn't attempt follow-up ☐ Other, specify _____ **(Stop here)**

☐ Yes, date contacted: ___/___/___

Was contact interviewed?

☐ No, why not? ☐ Declined ☐ Lives in different jurisdiction, specify _____
☐ Other, specify _____ **(Stop here)**

☐ Yes; actual/verified seat/location #_____

Was this person a known close contact of the index case outside of this travel (e.g. family member)? ☐ No ☐ Yes

5. IMMUNITY

Vaccination or history of disease: ☐ Not vaccinated ☐ Vaccinated, date of most recent dose: ____/____/_____
☐ History of disease ☐ Immunity established by serology ☐ Unknown

6. HEALTH SINCE TRAVEL

Did contact report any signs or symptoms? ☐ No ☐ Yes; check all that apply:

☐ Fever (Max temp measured _____°C/F) ☐ Cough ☐ Rash ☐ Coryza ☐ Conjunctivitis
☐ Sore throat ☐ Swollen glands ☐ Vomiting ☐ Diarrhea ☐ Jaundice ☐ Headache ☐ Neck stiffness
☐ Unusual bleeding ☐ Decreased consciousness ☐ Difficulty breathing/shortness of breath
☐ Recent onset of focal weakness and/or paralysis ☐ Other, specify _____

7. PUBLIC HEALTH INTERVENTION

Did contact receive prophylaxis for this exposure?

☐ No, why not?
☐ Outside window for prophylaxis ☐ Within window for prophylaxis but declined ☐ Other, specify _____

☐ Yes, please indicate what s/he received and include the date(s):
☐ Antimicrobial drug; specify_____, date received: ___/___/___ ☐ Vaccination; date received: ___/___/___
☐ Immunoglobulin; date received: ___/___/___ ☐ Other, specify _____; date received: ___/___/___

8. DIAGNOSIS

Was this person diagnosed with the disease in question?

☐ No
☐ Unknown, why? ☐ Declined medical evaluation ☐ Not interviewed after incubation period
☐ Lost to follow-up ☐ Other, specify _____
☐ Yes, how was diagnosis made? (Check all that apply)
☐ IgM ☐ Paired IgG ☐ PCR ☐ Culture ☐ Epi-linked ☐ Clinical diagnosis ☐ Other, specify_____

Check any of the following potential exposures this person may have had recently for the disease in question:

☐ Exposed to a confirmed case besides the index case
☐ Other, specify _____

What was the official diagnosis for this person (e.g. confirmed pertussis, active TB, LTBI)? _____

9. COMMENTS

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