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, country	Arrival city, state, country	Port of Entry or Border Patrol Sector:	☐ Train ☐ Bus ☐ Other: Company/Route No:

2. INDEX CASE

ILLNESS SUSPECTED/PROBABLE/CONFIRMED (CIRCLE ONE):_____

CLINICAL INFORMATION:

LABORATORY INFORMATION:

3. INFORMATION FOR EXPOSED (CONTACT) PASSENGER/TRAVELER

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, due to: ☐ 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, due to: ☐ Declined ☐ Lives in different jurisdiction, specify _____
☐ Other, specify _____ **(Stop here)**

☐ Yes; actual/verified seat/location #_____ ☐ **Unknown** ☐ **Does not apply**

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

5. IMMUNITY

Vaccination or history of disease:

☐ Not vaccinated ☐ Does not apply ☐ History of disease ☐ Immunity established by serology ☐ Unknown
☐ Vaccinated Vaccination Type:_____ Manufacturer: _____ Date of Doses: __/__/__; __/__/__; __/__/__

6. HEALTH SINCE TRAVEL

Did contact report any signs or symptoms? ☐ No ☐ Yes, Date of earliest symptom onset ____/___/___ ; 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 ☐ Loss of sense of smell ☐ Loss of sense of taste ☐ Fatigue
☐ Other, specify _____

7. PUBLIC HEALTH INTERVENTION

Did contact receive prophylaxis for this exposure?

☐ No, due to:
☐ 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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