OMB Control No. 0920-0900
Expiration Date: 5/31/2021

General Air Contact Investigation Outcome Reporting Form

FAX completed form to the CDC at 404.471.8121/EMAIL questions to airadmin@cdc.gov

1. FLIGHT INFORMATION (If more than one flight is listed, please circle the flight contact was on)

CDC/QARS ID #	Arrival Date	Departure Airport/City	Arrival Airport/City	Index Case Row

2. INDEX CASE CLINICAL AND LAB INFORMATION

3. PASSENGER CONTACT INFORMATION

Last name, First name	Assigned seat	Sex	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 the U.S.

☐ No response ☐ Returned to country of residence

☐ HD 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 #_____

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

If 'Yes', date of last known contact to index case:____/____/ ____

When was person interviewed? ☐ During incubation period ☐ After incubation period ☐ At both times

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

☐ Unusual bleeding ☐ Decreased consciousness ☐ Difficulty breathing/shortness of breath ☐ Neck stiffness

☐ 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, why not? ☐ Outside window for prophylaxis ☐ Within window for prophylaxis but declined

☐ No applicable prophylaxis ☐ Other, specify: _____

☐ Yes, please indicate what s/he received and 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:

☐ Other, specify _____

9. COMMENTS