Instructions for the Maritime Conveyance Illness or Death Investigation Form

Please download this form, type the vessel name at the top of the form, and save it for future use.

Completing and submitting

- Complete this form as specified by <u>www.cdc.gov/quarantine/cruise-reporting-guidance.html</u> or <u>www.cdc.gov/quarantine/cargo-reporting-guidance.html</u>.
- Remember to use a separate form for each ill or deceased person.
- Note that all fields with red text and an asterisk symbol (*) are required. These fields include: Person filling out form, E-mail, Type of notification, Type of traveler, Conveyance type, Vessel company/name, Country of departure, Departure date, Next U.S. port and state, Arrival date at next U.S. port, Embarkation port, Embarkation date, at least one Sign, Symptom, or Condition, and Presumptive diagnosis/cause of death.
- Please note that for some questions (temperature unit, rash type, cough type, chest x-ray result, and presence of cavity) you won't be able to clear your selection by unclicking the box. To clear your selection you should click on the green default circle located to the right of the main selections. For example, if 'cavity' is checked in error, you may clear the selection by clicking the green default circle to the right of 'no cavity.' See images below.
 - Cavity No cavity) O Cavity No cavity O
- For more information about the fields on this form, visit: <u>www.cdc.gov/quarantine/key-fields.html</u>.
- Submit to the <u>CDC Quarantine Station</u> with jurisdiction over the **next U.S. seaport of arrival** by one of the methods described below.

Instructions by section

- Sections 1-4 (Quarantine Station Notification, Vessel Information, Medical History, and Evaluation of Ill or Deceased Person)
- To complete Sections 1-4, you may type directly into the form, or print and fill out by hand.
- \circ \quad To submit the form, choose from the following options:
 - 1. Click on the gray "**Send Via E-mail**" button in the upper left-hand corner of the form (Note: In order to use this option, your e-mail account must be set up to automatically generate an e-mail message from a PDF), or save the form, then attach to your e-mail and send it to <u>MaritimeAdmin@cdc.gov</u>, or
 - 2. Look up the contact information for the <u>CDC Quarantine Station</u> with jurisdiction over the next U.S. seaport of arrival at <u>www.cdc.gov/quarantine/QuarantineStationContactListFull.html</u> and send by **fax**, or
 - 3. By **telephone**.
- A confirmation e-mail will be sent to the e-mail address that was entered on the form within 1-2 business days. The quarantine station will contact you if follow-up information is needed.
- If you don't receive confirmation of your report, or if you have any questions, please contact the <u>CDC Quarantine Station</u> with jurisdiction over the next U.S. port of arrival, the CDC Emergency Operations Center at 770-488-7100, or the Maritime Activity Administrator (<u>MaritimeAdmin@cdc.gov</u>).

Section 5 (General Information About Ill or Deceased Person)

- Please DON'T submit Section 5 unless the quarantine station asks you to do so.
- To complete *Section 5*, **print out** the form and **fill in by hand**. This section contains personally identifiable information (PII), so you won't be able to type into the fillable PDF form.
- Submit by fax or telephone.
- Do not submit any forms with PII to CDC through e-mail.

PII is any information that can be used alone or in combination to identify an individual. This includes names, addresses, phone numbers, dates (birth, hospital admission, travel), identifying numbers (passport, social security, driver's license, alien), medical records, photographs, and for rare diseases, geographic locations.

Reminder to cruise ships

- Report cumulative influenza and influenza-like illness (ILI) cases (including zero) for each voyage with the Maritime Conveyance Cumulative Influenza/ Influenza-Like Illness (ILI) Form: <u>www.cdc.gov/quarantine/cumulative-form.html</u>. Influenza and ILI are defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat without a KNOWN cause other than influenza.
- 2. Send gastrointestinal (GI) illness reports to CDC's Vessel Sanitation Program (VSP). For more information call 800-323-2132 or visit http://www.cdc.gov/nceh/vsp/.
- 3. Report a case of Legionnaires' disease by sending an e-mail to travellegionella@cdc.gov.



Maritime Conveyance Illness or Death Investigation Form U.S. Centers for Disease Control and Prevention

Section 1. Quarantine Station Notification						
Person filling out form (*):	Phone:		E-mail (*):			
Type of notification (*): Illness Type of notification (*): Death	pe of traveler (*): Crew Passer	Conveyance nger	e type (*): Cruise ship Other	Cargo		
Section 2: Vessel Information						
Vessel company/name (*):		Voyage number:	Nu Crew:	mber on board: Passengers:		
Country of departure (*):	Departure date (*) & time (24	aure date (*) & time (24 hr):		nal port:		
	mm / dd / yyyy	hh : mm	mm / dd / yyyy	hh : mm		
Itinerary:						
Next U.S. port (*):		Arrival date (*) & time (24 hr) at next U.S. port : mm / dd / yvyy hh : mm				
Person information while onboard vessel:			mm / dd / yyyy	nn : mn		
Cabin number: If crew, list job title & duties: If crew member has contact with passengers, describe extent/frequency:						
Embarkation port (*):	Embarkation date (*):	Disembarkation p	cation port: Disembarkat			
	mm / dd / yyyy		<u> </u>	mm / dd / yyyy		
Section 3: Medical History						
Age (years vsmonths): Include :	relevant medical history of ill or d	leceased person (prese	ent illness, other medical problems, vaccinations,	, overseas physician diagnosis, etc.):		
	Signs, Symptoms, and Condition					
FEVER (≥100°F or ≥38°C) OR history of feeling feverish/ having chills in past 72 hr Onset date:	rs Onset date:	Difficulty breathing/shortness of breath Onset date: Swollen glands Onset date: Location: Head/neck Armpit Groin		Decreased consciousness Onset date: Recent onset of focal weakness		
Current temperature: ⁰ F/C Rash	Onset date:			cal weakness		
Onset date: Appearance: Maculopapular Vesicular Pustular Purpuric/Petechial Scabbed Other	"	24 hrs:	Unusual bleeding Onset date:			
Conjunctivitis/eye redness	Diarrhea					
Onset date:	Onset date: # of times in past 2	24 hrs:	Chronic condition			
Coryza/runny nose Onset date:	Jaundice Onset date:		Asymptomatic Injury			
Persistent cough Onset date: Headache With blood Without blood Onset date:		Other signs, symp		toms, conditions:		
Sore throat Onset date:	Neck stiffness Onset date:					
Deceased persons: Date of death: Time of death (24 hours): mm / dd / yyyy hh : mm						
Presumptive diagnosis/cause of death (*):						
During the past 3 weeks, has anyone (onboard ship or disembarked) had similar signs and symptoms? (Please verify by a medical log review):No Yes*, total # ill of crew: Unknowntotal # ill of passengers:						

Section 4. Evaluation	on of Ill or Decea	sed Person						
Traveler has taken (inclu	de those given on boar	rd):						
Antibiotic/antiviral/antiparasitic(s) in the past week; list with dates started: Fever-reducing medications (e.g., acetaminophen, ibuprofen) in the past 12 hours; list with dates started: Other (related to current symptoms/illness); list with date(s) started:								
Countries visited in the past 3 weeks	State/city/village	Arrival date	Exposure to i	ill persons	Expost	are to animals	Other exposures (chemical, drug ingestion, etc.)	
*			No	Yes	No	o Yes	No Yes	
			No	Yes	No	o Yes	No Yes	
			No	Yes	No	o Yes	No Yes	
Number of potentially exposed contacts (e.g., cabin, work, bathroom mates): Are any traveling companions ill? No Yes*, how many are ill: N/A (no companions) If passenger is a child, does s/he attend day care/youth program on ship? No Yes, total # of children in day care/program: # of children with similar signs & symptoms*: *Note: Submit a separate form for each ill or deceased person not previously reported to a CDC Quarantine Station.								
Seen in ship infirmary? No Yes, date of first visit: mm / dd / yyyy No infirmary			No	Ill/deceased person isolated after illness onset? No Yes, date isolated: mm / dd / yyyy				
Seen in health-care facility ashore? No Yes; facility/health care provider(s) information (name, location, dates, telephone number, e-mail):			Hospital No Yes,					
Lab/Imaging Results								
Te	ests		Date performed (mm/dd/yyyy)			Results (if unknown, provide name and phone number of lab/facility which performed tests/imaging)		
Chest x-ray:		 				Normal Abnormal (Cavity No cavity)		
Legionella urine antigen	.:					Positive Negative		
Test 1: Test 2: Test 3:		1. 2. 3.				1. 2. 3.		
Deceased persons: Body released to medical examiner?: No Yes Telephone: City/Country:								
Discharge/final diagnosis/cause of death (determined by medical examiner or other):								

Section 5. General information about ill or deceased person							
Last/paternal name:		First/given nar	First/given name				
Middle name: Maternal name (if applicable)		cable):	Other name	Other names used (e.g., former name, alias):			
Gender: Date of □ Male □ Female birth:		ry	I				
Country of birth:	Passport country/citizenship:	rt country/citizenship: Type of ID document:		nt #: Alien #:			
Home address:	City:	City:		ince:	Zip/postal code:		
Country of residence: Home phone:				of US stay:		Months Years	
Contact in U.S. – Address/hotel: Same as home address above			E-mail:	E-mail:			
Contact in U.S City:	Contact in U.SState/to	Contact in U.SState/territory:		Contact phone in U.S.: Cell # of days reachable at contact phone:			
Emergency contact name: Emergency contact relationship:		tionship:	Emergency	Emergency contact phone:			
Comments:							
	TO BE COMPLETE	D BY QUARANTINE	STAFF ONLY				
QARS Unique ID #:	CDC User ID:		Date Quarantine Station notified: Time Quarantine Station notified (24			ied (24 hrs):	
 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 Where was the traveler when the QS was notified?: In U.S. jurisdiction (within 3 nautical miles of U.S. coast or traveling 		Released to cont Advised to seek EMS responded Recommended to Transported to he Transported to no Detained by law Denied boarding Other:	Recommended to not continue travel Transported to hospital (MOA activated): Transported to non-hospital location: Detained by law enforcement, location: Denied boarding by law enforcement				
Outside U.S. jurisdiction Unknown			Information Report Only / No Follow-Up Needed				
NOTE: If ill/deceased person also traveled via Land and/or Air conveyances, please fill out the appropriate form							

Sections 1-3: Public reporting burden of this collection of information is estimated to average 2 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 0920-0134.

Sections 4-5: 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.

Vessel Company/Name:	Country of departure:	Departure date:
Presumptive Diagnosis:		