

If traveling by conveyance, does anyone else have similar illness?: No Yes Unknown (If yes, please fill in a new form for each person in the cluster.)

Response or Report:

- Requires DGMQ Response & Follow-up (**Proceed to next section**)
- Information Report Only / No Follow-up Needed (**STOP HERE**)

Section 3. General information about the ill or deceased person

Last/paternal name:		First/given name:	
Middle name:	Maternal name (if applicable):	Other names used (e.g., former name, alias):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth: ____/____/____ mm dd yyyy	Age (if date of birth unknown): _____ <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	
Country of birth:	Frequency of border crossing: _____ times/ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> year		
Passport country/citizenship	Type of ID:	ID document #:	Visa?: <input type="checkbox"/> Yes <input type="checkbox"/> No

For deceased persons, go to Section 5. Otherwise, continue below.

Home address:	City:	State/province:	Zip/postal code:
Country of residence:	Home telephone:	If visiting, total duration of U.S. stay: _____ <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	
Contact in U.S. - Address/hotel:			E-mail:
			<input type="checkbox"/> Same as home address above
Contact in U.S. - City:	Contact in U.S. - State/territory:	Contact phone in U.S.:	
		<input type="checkbox"/> Cell Number of days reachable at contact phone: _____	
Emergency contact name:	Emergency contact relationship:	Emergency contact phone:	

Section 4. Border Crossing Information

License plate #:	State/province/country issued:	Attempted entry outside an official POE?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Contact information collected on conveyance passengers/driver(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Crossing Type*	From (City/Country)	Departure date	To (City/Country)	Arrival date	Significant stops	Name of commercial carrier, if applicable	Bus/Train #	Seat #
Current Segment:								
Past & Upcoming Segments:								

*Crossing Type: **V**: Personal vehicle **TC**: Taxi cab **M**: Motorcycle **P**: Pedestrian/Bike **B**: Passenger bus **CC**: Commercial cargo vehicle **A**: Ambulance
T: Train **O**: Other

Section 5. Disposition of ill/deceased person

<p>Ill person was (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Released to continue travel <input type="checkbox"/> Advised to seek medical care <input type="checkbox"/> EMS responded <input type="checkbox"/> Recommended to not continue travel <input type="checkbox"/> Transported to hospital (<input type="checkbox"/> MOA activated): _____ <input type="checkbox"/> Transported to non-hospital location: _____ <input type="checkbox"/> Detained by law enforcement, location: _____ <input type="checkbox"/> Denied entry by law enforcement <input type="checkbox"/> Other: _____ 	<p>Deceased Person:</p> <p>Body released to medical examiner?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Medical examiner telephone: _____</p> <p>City/State/Country: _____</p>
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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
