

Ship name:
Current voyage #:
Current voyage start date (MM/DD/YYYY):
Current voyage end date (MM/DD/YYYY):

This worksheet is to be used for 1) lab-confirmed COVID-19 cases

Demographic

Case ID#	Case Initials (e.g., Jane Doe = JD)	Traveler type (crew or passenger)	Date of Birth (MM/DD/YYYY)	Country of Residence	Embarkation Date (MM/DD/YYYY)
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- 1
- 2
- 3
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- 18
- 19
- 20

s, and 2) CLI cases with negative COVID-19 test results without a positive test result for another respiratory pa

Vaccine History					
Disembarkation Date (MM/DD/YYYY)	Is person fully v	Vax Dose #1 Date (MM/DD/YYYY)	Vax Dose #1 Manufacturer	Vax Dose #2 Date (MM/DD/YYYY)	Vax Dose #2 Manufacturer

thogen (i.e., influenza A or B, RSV, Streptococcal pharyngitis, Legionella, etc.).

Demographic and Medical Information

		Medical		
Is this a vaccine	Is person sympto	Does person have ris	Sought medical attention (i.e., medical center, in-cabin)?	If yes, date seen by medical provider (MM/DD/YYYY)

*CDC close contact definition

Identified as a close contact* to a another case?		If yes (and <i>not</i> fully vaccinated), date began quarantine (MM/DD/YYYY)		
Type of testing received (#1)	Date specimen collected (#1) (MM/DD/YYYY)	Testing result (#1)		

This worksheet is t

Test results (four most recent tests, including positive and negative results)

Type of testing received (#2)	Date specimen collected (#2) (MM/DD/YYYY)	Testing result (#2)	Type of testing received (#3)	Date specimen collected (#3) (MM/DD/YYYY)	Testing result (#3)
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o be used for 1) lab-confirmed COVID-19 cases, and 2) CLI cases with negative COVID-19 test re

Type of testing received (#4)	Date specimen collected (#4) (MM/DD/YYYY)	Testing result (#4)	Cabin # (at time of diagnosis)	Any cabin mates (at time of diagnosis)?	Any shared bathroom (at time of diagnosis)?

sults without a positive test result for another respiratory pathogen (i.e., influenza A or B, RSV, Strepto

Crew				
Ship department (i.e., galley/dining room, salon, cook, security, etc.)	Job location(s)	Participated in shore leave/trips/excursions w/in past 14 days?	If yes, which seaport(s)?	Date(s) of excursions (MM/DD/YYYY)

coccal pharyngitis, Legionella, etc.).

Exposure Information

Passenger

Cabin #	Any cabin mates (at time of diagnosis)?	Any cabin mates also cases?	If Yes, initials of cabin mate (e.g., John Doe = JD)	Initials of travel companion case(s) (e.g., John Doe = JD)	If Yes, Initials of travel companion case(s) (e.g., John Doe = JD)
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*CDC close contact definition

			Close contacts	
Participated in voyage-related shore trips/excursions w/in past 14 days?	If yes, which seaport(s)?	Date(s) of excursions (MM/DD/YYYY)	# of crew close contacts* identified	# of passenger close contacts* identified

