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| **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)** |
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|  **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. Vaccination status** |
| Vaccination or history of disease: 🞎 Not vaccinated 🞎 Vaccinated, date of most recent dose: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Vaccine type (if relevant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎Does not apply  🞎 History of disease: Year: 🞎 Antibody status established by serology: Year: 🞎 Unknown  |
| **6. health since Travel** |
| Did contact report any signs or symptoms? 🞎 No 🞎 Yes: check all that apply: 🞎 Fever (Max temp measured \_\_\_\_\_\_oC/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 🞎 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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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 0920-0900.