OMB Control No. 0920-0900 Expiration Date: 08/31/2024

TB Air Contact Investigation Outcome Reporting Form

EMAIL completed form to airadmin@cdc.gov with the following text in the SUBJECT line: Outcome Reporting Form DGMQ ID ######

1. FLIGHT INFORMATION (If more than one flight is listed, please circle the flight contact was on)							
I. FLIGHT INFO DGMQ ID#	ORMATION (If more Arrival date					on) Index Case Seat	
DGMQ ID#	Arrivai date	Departure Airpo	oruCity	A	Arrival Airport/City		index Case Seat
2 INDEX CASE (CLINICAL AND LA	D INEODMATION					
2. INDEX CASE CLINICAL AND LAB INFORMATION							
3. PASSENGER CONTACT INFORMATION							
Last name, First name			Assigned s	seat	Gender	DO	B (mm/dd/yyyy)/Age (yrs)
4. CONTACT INI	FORMATION						
Were you able to contact this person?							
□ No, why not? □ Incorrect locating info □ 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 (Stop here)							
☐ 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?) \square No \square Yes							
If "Yes", date of last known exposure to index case://							
Country of birth: Country of residence							
5. INTERVIEW INFORMATION							
Risk factors for prior TB infection (check all that apply below): No known risk factors other than flight Close contact of a person with a known case of TB other than the person on flight Ever lived in a country with high TB prevalence*, specify Other risk factors (i.e. history of incarceration, homelessness, IV drug use), specify Does person have a history of previous TB? No							
If diagnosed with TB, was treatment prescribed? No, why not? Yes, date started // / 7. COMMENTS							
7. COMMENTS							

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 xxxx-xxxx.