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

General 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)

DGMQ ID#	Arrival date	Departure city/airport	Arrival city/airport	Index case seat

2. INDEX CASE CLINICAL AND LAB INFORMATION

3. PASSENGER CONTACT INFORMATION

Last name, First name	Assigned seat	Sex	DOB (mm/dd/yy)/Age (yrs)

4. CONTACT /INTERVIEW INFORMATION

Were you able to contact this person?

☐ No, why not? ☐ Incorrect locating information ☐ No longer at temporary address but still in U.S. ☐ No response
☐ Returned to country of residence ☐ HD didn't attempt follow-up ☐ Other, specify _____ **(Stop here)**

☐ Yes, date initially contacted: ___/___/___
Was contact interviewed?
☐ No, why not? ☐ Declined ☐ Lives in different jurisdiction, specify _____
☐ 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)? ☐ No ☐ Yes
If "Yes", date of last known exposure to index case: ___/___/___
When was person interviewed? ☐ During incubation period ☐ After incubation period ☐ At both times

5. IMMUNITY

Vaccination or history of disease: ☐ Not vaccinated ☐ Vaccinated, date of most recent dose: ___/___/___
☐ History of disease ☐ Immunity established by serology ☐ No applicable vaccine ☐ Unknown

6. HEALTH SINCE FLIGHT

Did contact report any signs or symptoms? ☐ No ☐ Yes: Date of symptom onset ___/___/___ ; 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, why not? ☐ Outside window for prophylaxis ☐ Within window for prophylaxis but declined
☐ No applicable prophylaxis ☐ 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 person with a probable or confirmed case other than the index case on the flight
☐ Other, specify _____

9. COMMENTS