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| **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 row** |
|  |  |  |  |  |
| **2. Index case clinical AND lab infoRMATION** |
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| **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** |
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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 xxxx-xxxx.