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

## **General Air Contact Investigation Outcome Reporting Form**

FAX completed form to the CDC at 404.471.8121/EMAIL questions to airadmin@cdc.gov

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#			ture city/airport	Arrival city/airport		Index case row
2. INDEX CASE CLINICAL AND LAB INFORMATION						
3. PASSENGER CONTACT INFORMATION						
Last name, First nam	ie		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°C/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	I 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						
	osed with the disease in a	uestion?				
Was this person diagnosed with the disease in question?  No Unknown, why? Declined medical evaluation Not interviewed after incubation period Declined medical evaluation Other, specify Declined Declined medical evaluation Other, specify Declined Incurred Incurr						

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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.