Providing the following information to the Centers for Disease Control and Prevention is required under Title 42 Code of Federal Regulations Section 71.20 and is being collected as part of the public health response to the pandemic of coronavirus disease 2019 (COVID-19). The information will be used by U.S. public health authorities and other international, federal, state, or local agencies for public health purposes.

Form Approved

OMB Control No.0920-0134

Exp 03/31/2022

***Instructions for CDC Quarantine Station Staff***

* *This form is used by CDC staff to collect public health information not captured by the CDC Air Illness or Death Investigation form.*
* *If there is any risk of COVID-19, ensure traveler is separated by at least 6 feet from others to the extent possible. Traveler should wear a face mask if older than 2 years, and be able to tolerate. Any personnel within 6 feet of traveler should wear recommended PPE as directed by their agency’s Standard Operating Procedures.*
* *Provide the information collected to the Quarantine Medical Officer (QMO) to inform assessment of the traveler’s infectious status and disposition.*
* *If referring a traveler for isolation and medical evaluation, provide the information collected to the health department and the health care facility.*
* *Enter the information collected into the QARS record.*
1. **Why was traveler referred to the Quarantine Station? (Check all that apply)**

\_\_\_\_\_\_\_ Symptomatic

\_\_\_\_\_\_\_ Reported COVID-19 exposure

\_\_\_\_\_\_\_ Reported COVID-19 diagnosis

1. **Is traveler currently symptomatic[[1]](#footnote-1)? YES\_\_\_\_\_ NO \_\_\_\_\_\_**

If yes, complete *CDC Air Illness or Death Investigation* form and include all symptoms of COVID-19 then continue with #3 if COVID-19 is suspected.

1. **Has traveler had contact with a person known to have COVID-19 in the past 14 days? YES \_\_\_\_\_\_ NO\_\_\_\_\_\_**
2. If Yes,
3. What was traveler’s relationship to the person(s) with COVID-19 (e.g., friend, colleague, family member, spouse, etc.)?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Did traveler have close contact (within 6 feet/2 meters)? **YES \_\_\_\_\_\_ NO\_\_\_\_\_\_**
5. If yes, was person with COVID-19 wearing a mask at the time? **YES \_\_\_\_\_\_ NO\_\_\_\_\_\_**
6. What was the duration of the close contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. If duration was < 15 minutes, were there other high-risk exposures (kissed, got coughed on, etc.)? **YES \_\_\_\_\_\_ NO\_\_\_\_\_\_**
8. **Has traveler even been tested or diagnosed with COVID-19? YES \_\_\_\_\_\_ NO\_\_\_\_\_\_**
	1. If yes, when was specimen collected? \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ (Day/Month/Year)
	* Date is approximate *(Check if traveler doesn’t remember exact date)*

REMEMBER

PCR/molecular tests and antigen/rapid tests are VIRAL tests. Viral tests check whether a person has COVID-19 at the time the specimen is collected.

Antibody/serology tests check if the person had an infection in the past.

Nose, throat and saliva specimens are used for viral tests.

Blood samples are used for antibody tests.

1. What type of test was done?

Check one:

PCR/molecular \_\_\_\_\_\_

Antigen/rapid \_\_\_\_\_\_

Antibody/serology \_\_\_\_\_\_

Unknown \_\_\_\_\_\_

1. Are lab records available for review? **YES \_\_\_\_\_\_ NO\_\_\_\_\_\_**

If no, and traveler doesn’t know type of test, ask what type of specimen was collected.

Nose or throat or saliva \_\_\_\_\_\_

Blood \_\_\_\_\_\_

*Complete 4B if the COVID-19 test was a viral test and the specimen was collected in the last three weeks.*

* 1. Did the traveler have any symptoms associated with COVID-19 around the time of the positive test? **YES \_\_\_\_\_\_ NO\_\_\_\_\_\_**
1. What date did their symptoms start? \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ (Day/Month/Year)
2. How long did symptoms last? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Days)
3. Were they hospitalized?
	* 1. If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Were they in an intensive care unit? **YES \_\_\_\_\_\_ NO\_\_\_\_\_\_**
4. Have their symptoms improved? **YES \_\_\_\_\_\_ NO\_\_\_\_\_\_**
5. Did they have a fever (≥100.4 F or 38 C or feel feverish)?  **YES \_\_\_\_\_\_ NO\_\_\_\_\_\_**
6. When did they last have a fever? \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ (Day/Month/Year)
7. When did they last take any fever-reducing medications? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

 (Day/Month/Year)

1. For current list of COVID-19 symptoms see Symptoms of Coronavirus: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> [↑](#footnote-ref-1)