

Ship name:
Current voyage #:
Current voyage start date (MM/DD/YYYY):
Current voyage end date (MM/DD/YYYY):

Demographic					
Case ID#	Case Initials (e.g., Jane Doe = JD)	Traveler type (crew or passenger)	Date of Birth (MM/DD/YYYY)	Country of Residence	Embarkation Date (MM/DD/YYYY)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20

This worksheet is to be used only for lab-confirmed COVID-19 cases

Vaccine History					
Disembarkation Date (MM/DD/YYYY)	Is person fully vaccinated?	Vax Dose #1 Date (MM/DD/YYYY)	Vax Dose #1 Manufacturer	Vax Dose #2 Date (MM/DD/YYYY)	Vax Dose #2 Manufacturer

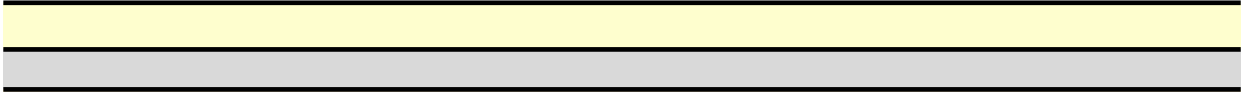
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Medical

Vax Booster Date (MM/DD/YYYY)	Vax Booster Manufacturer	<u>Is person symptomatic</u>	Date person became symptomatic (MM/DD/YYYY)	<u>Does person have risk</u>	Sought medical attention (i.e., medical center, in-cabin)?
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*CDC close contact definition

Demographic and Medical Information				
If yes, date seen by medical provider (MM/DD/YYYY)	Identified as a close contact* to a another case?	If yes (and <i>not</i> fully vaccinated), date began quarantine (MM/DD/YYYY)	Type of testing received (#1)	Date specimen collected (#1) (MM/DD/YYYY)



Test results (four

Testing result (#1)	Reason for conducting testing (#1)	Type of testing received (#2)	Date specimen collected (#2) (MM/DD/YYYY)	Testing result (#2)
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most recent tests, including positive and negative results)

Reason for conducting testing (#2)	Type of testing received (#3)	Date specimen collected (#3) (MM/DD/YYYY)	Testing result (#3)
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Reason for conducting testing (#3)	Type of testing received (#4)	Date specimen collected (#4) (MM/DD/YYYY)	Testing result (#4)
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Reason for conducting testing (#4)	Cabin # (at time of diagnosis)	Any cabin mates (at time of diagnosis)?	Any shared bathroom (at time of diagnosis)?	Ship department (i.e., galley/dining room, salon, cook, security, etc.)

Exposure Informa

Crew				Exposure Informa	
Job location(s)	Participated in shore leave/trips/excursions w/in past 14 days?	If yes, which seaport(s)?	Date(s) of excursions (MM/DD/YYYY)	Cabin #	Any cabin mates (at time of diagnosis)?

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Passenger

Any cabin mates also cases?	If Yes, initials of cabin mate (e.g., John Doe = JD)	Initials of travel companion case(s) (e.g., John Doe = JD)	If Yes, Initials of travel companion case(s) (e.g., John Doe = JD)	Participated in voyage-related shore trips/excursions w/in past 14 days?
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*CDC close contact definition

		Close contacts	
If yes, which seaport(s)?	Date(s) of excursions (MM/DD/YYYY)	# of crew close contacts* identified	# of passenger close contacts* identified