

COVID-2019 SUPPLEMENTAL QUESTIONNAIRE

Form Approved
OMB Control No.0920-0134
Exp 03/31/2022

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.

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

2. Is traveler currently symptomatic¹?

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.

3. Has traveler had contact with a person known to have COVID-19 in the past 14 days? YES NO

¹ For current list of COVID-19 symptoms see Symptoms of Coronavirus: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

COVID-2019 SUPPLEMENTAL QUESTIONNAIRE

A. If Yes,

i. What was traveler's relationship to the person(s) with COVID-19 (e.g., friend, colleague, family member, spouse, etc.)?

ii. Did traveler have close contact (within 6 feet/2 meters)? YES _____ NO _____
 a) If yes, was person with COVID-19 wearing a mask at the time? YES _____ NO _____
 b) What was the duration of the close contact? _____
 c) If duration was < 15 minutes, were there other high-risk exposures (kissed, got coughed on, etc.)? YES _____ NO _____

4. Has traveler even been tested or diagnosed with COVID-19? YES _____ NO _____

A. If yes, when was specimen collected? _____/_____/_____ (Day/Month/Year)

- Date is approximate (Check if traveler doesn't remember exact date)

i. What type of test was done?

Check one:

PCR/molecular _____

Antigen/rapid _____

Antibody/serology _____

Unknown _____

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.

ii. 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.

B. Did the traveler have any symptoms associated with COVID-19 around the time of the positive test?

YES _____ NO _____

i. What date did their symptoms start? _____/_____/_____ (Day/Month/Year)

ii. How long did symptoms last? _____ (Days)

iii. Were they hospitalized?

a) If yes, for how long? _____

b) Were they in an intensive care unit? YES _____ NO _____

iv. Have their symptoms improved? YES _____ NO _____

v. Did they have a fever (≥ 100.4 F or 38 C or feel feverish)? YES _____ NO _____

a) When did they last have a fever? _____/_____/_____ (Day/Month/Year)

b) When did they last take any fever-reducing medications? _____/_____/_____
(Day/Month/Year)

This data collection is mandatory. 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 0920-0134.