

Attachment 8. MIDRS Template

Gastrointestinal Illness Report

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Last 2 Gastrointestinal Illness Reports Submitted

	Submitted Date	Confirmation No.	Voyage No.	Rpt. Type	Emb. Date	Emb. Port	Next U.S. Port	Next U.S. Date	Dis. Emb. Date	Dis. Emb. Port	Total Pax.	Pax. Cases	Total Crew	Crew Cases	Reported By
View	4/20/2012 9:57:59 AM	20120420095807707	2	24HR	01/01/2012	AKU	AKU	01/01/2012	01/01/2012	AKU	1111	1	111	0	Web
View	3/23/2012 8:30:50 AM	20120323083053947	111	24HR	01/01/2012	AKU	AKU	01/01/2012	01/01/2012	AKU	1111	0	111	0	Web

All fields are required. (Acceptable Characters: a-z A-Z 0-9 space ! , . : ?)

Ship Name Report Type

Voyage No. Cruise Length(Days)

Emergency Contact Name Emergency Contact No.

Email Receipt To

Embarkation Port Embarkation Date (mm/dd/yyyy)

Next U.S. Arrival Port Next U.S. Arrival Port Date Time : (24 Hour) (mm/dd/yyyy)

Disembarkation Port Disembarkation Date (mm/dd/yyyy)

Total Number of Passengers (including zero)

Total Number of Crew (including zero)

Passengers Gastroenteritis Case(s)(including zero)

Crew Gastroenteritis Case(s)(including zero)

Public reporting burden of this collection of information is estimated to average 3 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer: ATTN:PRA;Hubert H. Humphrey Bldg., Room. 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0821); Washington, DC 20503.

***Note that once the information collection is approved by OMB, the program will include the correct OMB text box and burden statement shown below within MIDRS:

Form approved

OMB No: 0920-XXXX

Expiration Date: XX/XX/XXXX

CDC estimates the average public reporting burden for this collection of information as 3 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)