

Coryza/runny nose

Onset date: ____ / ____ / ____

Persistent cough

Jaundice

Onset date: ____ / ____ / ____

Chronic condition

Asymptomatic

Onset date: ____/____/____ <input type="checkbox"/> With blood <input type="checkbox"/> Without blood <input type="checkbox"/> Sore throat Onset date: ____/____/____	<input type="checkbox"/> Headache Onset date: ____/____/____ <input type="checkbox"/> Loss of Sense of Taste or Smell Onset date: ____/____/____	<input type="checkbox"/> Other: _____
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Deceased Persons:	Date of Death: ____/____/____ <small>mm dd yyyy</small>	Time of death (24 hours): ____:____ <small>hh : mm</small>
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Presumptive Diagnosis or Cause of Death:

Does anyone else on the plane have similar illness?: No Yes* Unknown
 *If yes, please fill in a new form for each person in the cluster

Response or Info Only:

Requires DGMQ Response & Follow-up (**Proceed to next section**)
 Information Report Only / No Follow-up needed (**STOP HERE**)

Section 3. General information about the ill or deceased person or traveler who may need follow up

Last/paternal name:		First/given name:	
Middle name:	Maternal name (if applicable):	Other names used (e.g., former name, alias):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth: ____/____/____ <small>mm dd yyyy</small>	Age (if date of birth unknown):	<input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years
Country of birth:	Passport country/citizenship:	Type of ID:	ID document #: Alien #:

For deceased persons, go to Section 5. Otherwise, continue below.

Home address:	City:	State/province:	Zip/postal code:
Country of residence:	Home phone:	If visiting, total duration of U.S. stay:	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Years
Contact in U.S. - Address/hotel: <input type="checkbox"/> Same as home address above		E-mail:	
Contact in U.S. - City:	Contact in U.S. - State/territory:	Contact phone in U.S.: <input type="checkbox"/> Cell # of days reachable at contact phone:	
Emergency contact name:	Emergency contact relationship:	Emergency contact phone:	

Section 4. Flight information

Type*	Domestic or Int'l?	Airline	Flight #	Departure Airport Code	Departure Date	Arrival Airport Code	Arrival Date	Seat #	Flight Duration
CURRENT FLIGHT:									
PREVIOUS AND/OR UPCOMING FLIGHTS:									

*C/FB = Commercial, foreign-based carrier C/US = Commercial, U.S.-based carrier P = Private CH = Charter CG = Cargo MD = Medevac RP = Repatriation O = Other

Section 5: Public Health Entry Requirements

Entry Requirement:
 Did traveler meet the US Global Public Health Entry Requirements: Yes No N/A Please specify:
 Comments:

Section 6: Disposition of traveler/ill/deceased person

Ill person was (check all that apply):	Deceased Person:
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- Released to continue travel
- Advised to seek medical care
- EMS responded
- Recommended to not travel
- Transported to hospital (MOA activated): _____
- Transported to non-hospital location: _____
- Detained by law enforcement, location: _____

Body released to medical examiner?: Yes No

Medical examiner telephone: _____

City/State/Country: _____

Denied entry by law enforcement

Information transmitted to state and/or local health departments

Other:

Public reporting burden of this collection of information is estimated to average 15 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