

Ship name:

Voyage #:

Voyage start date (MM/DD/YYYY):

Voyage end date (MM/DD/YYYY):

This worksheet is to be used for 1) lab-confirmed COVID-19 cases

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

s, and 2) CLI cases with negative COVID-19 test results without a positive test result for another respiratory pa

| Vaccine History | | | | | |
|----------------------------------|-------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|
| Disembarkation Date (MM/DD/YYYY) | Is person fully v | Vax Dose #1 Date (MM/DD/YYYY) | Vax Dose #1 Manufacturer | Vax Dose #2 Date (MM/DD/YYYY) | Vax Dose #2 Manufacturer |

thogen (i.e., influenza A or B, RSV, Streptococcal pharyngitis, Legionella, etc.).

Demographic and Medical Information

| | | Medical | | |
|-------------------|------------------|----------------------|--|--|
| Is this a vaccine | Is person sympto | Does person have ris | Sought medical attention (i.e., medical center, in-cabin)? | If yes, date seen by medical provider (MM/DD/YYYY) |
| | | | | |

*CDC close contact definition

| 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) | Testing result (#1) | | |
| | | | | |

Test results (four most recent tests, including positive and negative results)

| Type of testing received (#2) | Date specimen collected (#2) (MM/DD/YYYY) | Testing result (#2) | Type of testing received (#3) | Date specimen collected (#3) (MM/DD/YYYY) | Testing result (#3) |
|-------------------------------|---|---------------------|-------------------------------|---|---------------------|
| | | | | | |

o be used for 1) lab-confirmed COVID-19 cases, and 2) CLI cases with negative COVID-19 test re

| Type of testing received (#4) | Date specimen collected (#4) (MM/DD/YYYY) | Testing result (#4) | Cabin # (at time of diagnosis) | Any cabin mates (at time of diagnosis)? | Any shared bathroom (at time of diagnosis)? |
|-------------------------------|---|---------------------|--------------------------------|---|---|
| | | | | | |

sults without a positive test result for another respiratory pathogen (i.e., influenza A or B, RSV, Strepto

| Crew | | | | |
|---|-----------------|---|---------------------------|------------------------------------|
| Ship department (i.e., galley/dining room, salon, cook, security, etc.) | 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) |

coccal pharyngitis, Legionella, etc.).

Exposure Information

Passenger

| Cabin # | Any cabin mates (at time of diagnosis)? | 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) |
|---------|---|-----------------------------|--|--|--|
|---------|---|-----------------------------|--|--|--|

*CDC close contact definition

| | | | Close contacts | |
|--|---------------------------|------------------------------------|--------------------------------------|---|
| Participated in voyage-related shore trips/excursions w/in past 14 days? | If yes, which seaport(s)? | Date(s) of excursions (MM/DD/YYYY) | # of crew close contacts* identified | # of passenger close contacts* identified |

