OMB Control No. 0920-0900
Expiration Date: XX/XX/20XX

General Land Contact Investigation Outcome Reporting Form

FAX completed form to the CDC at 404.718.2158; For questions, call 404.639.7147

1. TRAVEL INFORMATION

DGMH ID#	Arrival date	Departure city, state, country	Arrival city, state, country	Port of Entry or Border Patrol Sector:	¨ Train ¨ Bus ¨ Other: _____ Company/Route No: _____

2. INDEX CASE

ILLNESS SUSPECTED/PROBABLE/CONFIRMED (CIRCLE ONE):_____
CLINICAL INFORMATION:

LABORATORY INFORMATION:

3. INFORMATION FOR EXPOSED (CONTACT) PASSENGER/TRAVELER

Last name, First name	Address/Phone/email	Gender	DOB (mm/dd/yy)/Age (yrs)

4. CONTACT INTERVIEW INFORMATION

Were you able to contact this person?
¨ No, due to: ¨ Incorrect locating information ¨ No longer at temporary address but still in U.S. ¨ No response
¨ Returned to country of residence ¨ Didn't attempt follow-up ¨ Other, specify _____ **(Stop here)**
¨ Yes, date contacted: ___/___/___
Was contact interviewed?
¨ No, due to: ¨ Declined ¨ Lives in different jurisdiction, specify _____
¨ Other, specify _____ **(Stop here)**
¨ Yes; actual/verified seat/location #_____ ¨**Unknown** ¨**Does not apply**
Was this person a known close contact of the index case outside of this travel (e.g. family member)? ¨ No
¨ Yes: specify _____

5. VACCINATION STATUS

Vaccination or history of disease: ¨ Not vaccinated ¨ Vaccinated, date of most recent dose: ____/____/_____ ¨Does not apply
Vaccine type (if relevant:_____)
¨ History of disease: Year: ____ ¨ Antibody status established by serology: Year: _____ ¨ Unknown

6. HEALTH SINCE TRAVEL

Did contact report any signs or symptoms? ¨ No ¨ Yes: check all that apply:
¨ Fever (Max temp measured _____ºC/F) ¨ Cough ¨ Rash ¨ Coryza ¨ Conjunctivitis
¨ Sore throat ¨ Swollen glands ¨ Vomiting ¨ Diarrhea ¨ Jaundice ¨ Headache ¨ Neck stiffness
¨ Unusual bleeding ¨ Decreased consciousness ¨ Difficulty breathing/shortness of breath
¨ Recent onset of focal weakness and/or paralysis ¨ Other, specify _____

7. PUBLIC HEALTH INTERVENTION

Did contact receive prophylaxis for this exposure?
¨ No, due to:
¨ Outside window for prophylaxis ¨ Within window for prophylaxis but declined ¨ Other, specify _____
¨ Yes, please indicate what s/he received and include the date(s):
¨ Antimicrobial drug; specify_____, date received: ___/___/___ ¨ Vaccination; date received: ___/___/___
¨ Immunoglobulin; date received: ___/___/___ ¨ Other, specify _____; date received: ___/___/___

8. DIAGNOSIS

Was this person diagnosed with the disease in question?
¨ No
¨ Unknown, why? ¨ Declined medical evaluation ¨ Not interviewed after incubation period
¨ Lost to follow-up ¨ Other, specify _____
¨ Yes, how was diagnosis made? (Check all that apply)
¨ IgM ¨ Paired IgG ¨ PCR ¨ Culture ¨ Epi-linked ¨ Clinical diagnosis ¨ Other, specify_____
Check any of the following potential exposures this person may have had recently for the disease in question:
¨ Exposed to a confirmed case besides the index case
¨ Other, specify _____

What was the official diagnosis for this person (e.g. confirmed pertussis, active TB, LTBI)? _____

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9. COMMENTS