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

General Aircraft Contact Investigation Outcome Reporting Form

Return completed form by secure email to airadmin@cdc.gov (preferred) or fax to 404-471-8121 with the following text in the SUBJECT line: Outcome Reporting Form DGMH ID ######

1. FLIGHT INFORMATION

DGMH ID#	Arrival date	Departure city/airport	Arrival city/airport	Index case seat

2. INDEX CASE CLINICAL AND LAB INFORMATION

Diagnosis: _____

3. PASSENGER CONTACT INFORMATION

Last name, First name	Assigned seat	Sex	DOB (mm/dd/yy)/Age (yrs)

4. CONTACT /INTERVIEW INFORMATION

Were you able to contact this person? ☐ Yes ☐ No

If no, why not? ☐ Incorrect locating information ☐ No longer at temporary address but still in U.S. ☐ No response
☐ Returned to country of residence ☐ HD didn't attempt follow-up ☐ Other, specify _____ **(Skip to Section 9)**

If yes, date initially contacted: __/__/__

Was contact interviewed? ☐ Yes ☐ No

If no, why not? ☐ Declined ☐ Lives in different jurisdiction, specify _____
☐ Other, specify _____ **(Skip to Section 9)**

If yes; actual/verified seat #_____

Was this person a known close contact of the index case outside of this flight (e.g. family member)? ☐ No ☐ Yes
If "Yes", date of last known exposure to index case: _____/__/__

When was person interviewed? ☐ During incubation period ☐ After incubation period ☐ At both times

5. IMMUNITY

Vaccination or history of disease: ☐ Not vaccinated ☐ Vaccinated, date of most recent dose: __/__/__
☐ History of disease ☐ Immunity established by serology ☐ No applicable vaccine ☐ Unknown

6. HEALTH SINCE FLIGHT

Did contact report any signs or symptoms? ☐ No ☐ Yes: Date of symptom onset __/__/__ 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? ☐ Yes ☐ No

If no, why not? ☐ Outside window for prophylaxis ☐ Within window for prophylaxis but declined
☐ No applicable prophylaxis ☐ Other, specify: _____

If yes, please indicate what prophylaxis was 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? ☐Yes ☐ No ☐ Unknown

If no or unknown, why? ☐ Declined medical evaluation ☐ Not interviewed after incubation period
☐ Lost to follow-up ☐ Other, specify _____

If 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 person with a probable or confirmed case other than the index case on the flight
☐ Visited/lives in a country with high burden of disease ☐Other, specify _____

9. FORM COMPLETION

Person completing form: _____ **Date form completed**:__/__/____

10. COMMENTS