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

Public reporting burden of this collection of information is estimated to average 5 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 H21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-0900.