Department of Health and Human Services
Centers for Disease Control and Prevention
Form Approved
OMB Control No: ####-####
Exp. Date: XX/XX/XXXX

Version 10/08/2024

CDC Initial Screening at POE (*CDC Primary*) – Marburg Response

Date of Arrival in U.S. mm/dd/yy: _____ Flight #:_____POE: _____
CDC Initial Screening Start Time: _____ AM/PM
Date arrived in Rwanda? mm/dd/yy _____ Date left Rwanda? _____

Body Temperature: _____°F **Visible signs of illness?** ☐ **Yes** ☐ No
Today or in the past 2 days: have you had any of the following symptoms?
Fever (100.4° F / 38° C or higher) or feeling feverish? ☐ **Yes** ☐ No
Chills? ☐ **Yes** ☐ No
New or unusual headache or body aches? ☐ **Yes** ☐ No
Vomiting, or diarrhea? ☐ **Yes** ☐ No

In the last 21 days:
Were you present in any healthcare facility (such as hospital, clinic, saw traditional healer) ☐ **Yes** ☐ No
Have you had any contact with or were you near a sick person? ☐ **Yes** ☐ No
Have you come into contact with anyone's blood or other body fluids (such as vomit, saliva, feces, or urine)? ☐ **Yes** ☐ No
Did you touch a dead body or attend a funeral? ☐ **Yes** ☐ No

What was the main reason you were in Rwanda? (mark all that apply)
☐ Healthcare Service/Mission (includes training, clinical laboratory) ☐ Public Health Deployment
☐ Other Humanitarian Service (not healthcare or PH) ☐ Business ☐ Faith-based
☐ Visit Family/Friends ☐ Tourism ☐ Resides in Rwanda ☐ Other _____

Traveler's Contact Information for Destination in the United States:
Traveler's Last Name:_____First_____
Date of Birth (mm/dd/yyyy):_____
Street Address at U.S. Destination:_____
City: _____State: _____ ZIP: _____
Telephone/Texting APP Number in U.S. _____
Is number a U.S. mobile phone (circle one): Y / N Name of Texting APP, if applicable?
_____
Email address: _____

Traveler Referred for CDC Risk Assessment at POE? ☐ **Yes** ☐ No
PHARS#: _____ CDC Initial Screening End Time: _____AM/PM