**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