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

CDC Initial Screening at POE (CDC Primary) -	- Marburg R	esponse	
Date of Arrival in U.S. mm/dd/yy:		POE:	
CDC Initial Screening Start Time: AM/PM			
Date arrived in Rwanda? mm/dd/yy	Date left Rwa	nda?	
Body Temperature:°F Visible signs of illnes	ss? 🗆 Yes 🛛	No	
Today or in the past 2 days: have you had any of the			
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	
<u>In the last 21 days:</u>			
Were you present in any healthcare facility (such as he		rtraditional heale	r) 🗌 Yes 🗌 No
Have you had any contact with or were you near a si	ck person?		🗆 Yes 🛛 No
Have you come into contact with anyone's blood or	other body flu	iids	
(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? (m	ark all that ap	ply)	
□ Healthcare Service/Mission (includes training, clinical	laboratory) 🗌	Public Health D	eployment
Other Humanitarian Service (not healthcare or PH)			
□ Visit Family/Friends □ Tourism □ Resides in Rv	vanda 🛛 Oth	ier	
Traveler's Contact Information for Destination in th	e United Stat	<u>es:</u>	
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 Er	nd Time:		AM/PM

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, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-XXXX).