**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 in Rwanda

(such as hospital, clinic, or saw a traditional healer)? ☐ Yes ☐ No

Did you provide health care to or have other interactions with patients? ☐ Yes ☐ No

Did you have any contact with or were you near a sick person? ☐ Yes ☐ No

Did 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 public health) ☐ 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration of stay at U.S. destination: \_\_\_\_\_\_\_days (if ≥21, enter 21)   
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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐ Self-monitoring** **☐** **Traveler referred for additional risk assessment at POE**   
PHARS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CDC Initial Screening End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM