Department of Health and Human Services Centers for Disease Control and Prevention Form Approved OMB Control No: 0920-1443 Exp. Date: 03/31/25

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 illne	ess? 🗆 Yes 🗌 No	
Today or in the past 2 days: have you had any of the		s?
Fever (100.4° F / 38° C or higher) or feeling feverish		
Chills?		
New or unusual headache or body aches?		
Vomiting or diarrhea?		
<u>In the last 21 days:</u>		
Were you present in any healthcare facility in Rwan		
(such as hospital, clinic, or saw a traditional healer)		□ Yes □ No
Did you provide health care to or have other intera	-	
Did you have any contact with or were you near a s		🗆 Yes 🛛 No
Did you come into contact with anyone's blood or o	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? (r	nark all that annly)	
□ Healthcare Service/Mission (includes training, clinica		Health Deployment
□ Other Humanitarian Service (not healthcare or pul		
□ Visit Family/Friends □ Tourism □ Resides in R		
Traveler's Contact Information for Destination in t	he United States:	
Traveler's Last Name:		
Date of Birth (mm/dd/ <u>yyyy</u>): Durat		
enter 21)		, ,
Street_Address at U.S. Destination:		
City:State:ZIP:		
Telephone/Texting APP Number in U.S.		
	e of Texting APP, if appl	icable?
Email address:	• • • • •	
□ Self-monitoring □ Traveler referred f	for additional risk ass	accment at DOE
PHARS#: CDC Initial Screening E		
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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,

information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays 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).