

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