Version 10/13/2024

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 Respon	se
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?	
New or unusual headache or body aches?	
Vomiting or diarrhea?	
volinting of diarrica.	
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 F ☐ Other Humanitarian Service (not healthcare or public health) ☐ Business ☐ Visit Family/Friends ☐ Tourism ☐ Resides in Rwanda ☐ Other	s □ Faith-based
Traveler's Contact Information for Destination in the United States:	
Traveler's Last Name:First:	
Date of Birth (mm/dd/ <u>yyyy</u> ): Duration of stay at U.S. destination of Stay at U.	
Street_Address at U.S. Destination:	
City: ZIP:	
Telephone/Texting APP Number in U.S.	
Is number a U.S. mobile phone (circle one): Y / N Name of Texting APP, if applie	cable?
Email address:	
☐ Self-monitoring ☐ Traveler referred for additional risk asse	ssment at POF
PHARS#: CDC Initial Screening End Time:	

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).