

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), feeling feverish, or chills? Yes No

New or unusual headache or muscle aches? Yes No

Rash Yes No

Chest pain or sore throat? Yes No

Nausea, vomiting or diarrhea? Yes No

While you were in Rwanda, in the past 21 days:

Were you in any of the following districts? Yes No [Screener to provide current list of outbreak districts]

While you were in any of the districts listed above in the past 21 days:

Were you present in any healthcare facility (such as hospital or clinic) or did you visit a traditional healer? Yes No

Did you provide health care to or have any other contact 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 Lives 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. _____

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 (0920-1443).

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