

### CDC Initial Screening at POE (CDC Primary) - [SAMPLE VHF] Response

Date of Arrival in U.S. mm/dd/yy: \_\_\_\_\_ Flight #: \_\_\_\_\_ POE: \_\_\_\_\_

CDC Initial Screening Start Time: \_\_\_\_\_ AM/PM

Date arrived in [COUNTRY]? mm/dd/yy \_\_\_\_\_ Date left [COUNTRY]? \_\_\_\_\_

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 (such as hospital, clinic, saw traditional healer)  Yes  No

Have you had any contact with or were you near a sick person?  Yes  No

Have 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 [COUNTRY]? (mark all that apply)

Healthcare Service/Mission (includes training, clinical laboratory)  Public Health Deployment

Other Humanitarian Service (not healthcare or PH)  Business  Faith-based

Visit Family/Friends  Tourism  Resides in [COUNTRY]  Other

#### Traveler's Contact Information for Destination in the United States:

Traveler's Last Name: \_\_\_\_\_ First \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

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: \_\_\_\_\_

Traveler Referred for CDC Risk Assessment at POE?  Yes  No

PHARS#: \_\_\_\_\_ CDC Initial Screening End Time: \_\_\_\_\_ AM/PM