

[CDC Logo] Pre-Arrival Public Health Assessment for Travelers from Ebola-affected Countries

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U.S. Public Health

International travel records indicate you have been in the Democratic Republic of the Congo, Uganda, and/or South Sudan in the past 21 days. These countries are affected by an ongoing Ebola outbreak.

U.S. CDC is collecting information from travelers who have been in these countries to check whether they might have been exposed to Ebola and if they have symptoms.

We are also collecting accurate contact information so health officials can follow up with you to provide health information and explain what to do if you get sick.

This form should be completed no more than 24 hours before departure to the United States.

Each traveler, 18 years or older, should have their own form completed prior to arrival in the United States. Travelers under the age of 18 may be included on the same form as their parent/legal guardian.

Your information is kept private and is only used for public health purposes to help keep you and your family healthy.

The information you provide will be shared with relevant state, tribal, local, or territorial health departments, who may use this information to contact you.

When you board your flight or arrive in the United States, you may be asked to show the receipt that confirms that you completed this form.

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Contact Information

Please provide your contact information where you can be reached in the U.S. over the next several days after you land in the U.S.

- A valid email address is required to receive an email receipt of your responses.
- A valid phone number is required to receive a text message receipt of your responses. Health officials might also use this phone number to contact you if any public health follow-up is needed.

Email*

Must provide a valid email address to receive receipt

Confirm Email*

Must provide a valid email address to receive receipt

Primary Phone Number

Country calling code*

[Dropdown list of country calling codes]

Confirm country calling code*

[Dropdown list of country calling codes]

Public reporting burden of this collection of information is estimated to average 10 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 (0920-1469).

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Exp Date XX/XX/20XX
Centers for Disease Control and Prevention
OMB Control No: 0920-1469
Phone number*

Please enter only numbers without dashes, other punctuation, or spaces

Confirm phone number*

Please enter only numbers without dashes, other punctuation, or spaces

Can this phone receive WhatsApp messages? *

☐ Yes ☐ No

Can this phone receive SMS messages? *

☐ Yes ☐ No

Alternate Phone Number

Country calling code

[Dropdown list of country calling codes]

Confirm country calling code

[Dropdown list of country calling codes]

Phone number

Please enter only numbers without dashes, other punctuation, or spaces

Confirm phone number

Please enter only numbers without dashes, other punctuation, or spaces

Can this phone receive WhatsApp messages?

☐ Yes ☐ No

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Can this phone receive SMS messages?

☐ Yes ☐ No

In which language do you prefer to receive written information? *

- ☐ English
☐ French
☐ Swahili
☐ Lingala
☐ Other: _____

Which language do you prefer to use in spoken communication?

- ☐ English
☐ French
☐ Swahili
☐ Lingala
☐ Other: _____

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In the past 21 days, which of the following countries were you in or did you stop in during air travel?*

Select all that apply

- ☐ Democratic Republic of the Congo
☐ Uganda
☐ South Sudan

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- ☐ Was on a plane that stopped in Democratic Republic of the Congo
- ☐ Was on a plane that stopped in Uganda
- ☐ Was on a plane that stopped in South Sudan
- ☐ None of the above

[SHOW IF user selects None of the above and any other response AND/OR if they select both transited through and that they were in a country] Please review your responses to the previous questions. **Your answers to the previous questions are contradictory.** You indicated that you were in or stopped at an airport in an affected country, but also that you were not in or did not stop at an airport in any affected country. **You will not be able to submit this form until this conflict is resolved.**

[SHOW IF user selects None of the above] If none, please explain:*

[SHOW IF user selects Democratic Republic of the Congo] Select which district(s) or city(ies) you have been to in Democratic Republic of the Congo during the past 21 days*

Select all that apply

- ☐ Bas-Uélé
- ☐ Equateur
- ☐ Haut-Katanga
- ☐ Haut-Lomami
- ☐ Haut-Uélé
- ☐ Ituri
- ☐ Kasai
- ☐ Kasai-Central
- ☐ Kasai-Oriental
- ☐ Kinshasa

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- ☐ Kongo-Central
- ☐ Kwango
- ☐ Kwilu
- ☐ Lomami
- ☐ Lualaba
- ☐ Mai-Ndombe
- ☐ Maniema
- ☐ Mongala
- ☐ Nord-Kivu
- ☐ Nord-Ubangi
- ☐ Sankuru
- ☐ Sud-Kivu
- ☐ Sud-Ubangi
- ☐ Tshopo
- ☐ Tshuapa
- ☐ Other (please specify)

[SHOW IF user selects Other (please specify) OR transited through DRC] Other cities, provinces, or health zones visited in Democratic Republic of the Congo:*

[SHOW IF user selects Democratic Republic of the Congo or Transited through Democratic Republic of the Congo (airport transfer only)] Date of arrival in

Democratic Republic of the Congo*

[Date picker]

[SHOW IF user selects Democratic Republic of the Congo or Transited through Democratic Republic of the Congo (airport transfer only)] Date of departure from

Democratic Republic of the Congo*

[Date picker]

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[SHOW IF user selects Uganda] List and cities, provinces, and/or health zones visited in Uganda:*

[SHOW IF user selects Uganda or Transited through Uganda (airport transfer only)]

Date of arrival in Uganda*

[Date picker]

[SHOW IF user selects Uganda or Transited through Uganda (airport transfer only)]

Date of departure from Uganda*

[Date picker]

[SHOW IF user selects South Sudan] List the cities, provinces, and/or health zones visited in South Sudan:*

[SHOW IF user selects South Sudan or Transited through South Sudan (airport transfer only)] Date of arrival in South Sudan*

[Date picker]

[SHOW IF user selects South Sudan or Transited through South Sudan (airport transfer only)] Date of departure from South Sudan*

[Date picker]

Identifying information, illness check, and exposure screen

Please provide the information requested below for you and any travel companions who are under 18 years of age.

To add additional members of your family/travel party under the age of 18 with the same contact information, click "Add Another Traveler" below.

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Parents or legal guardians should complete this form on behalf of travelers under 18 years of age.

Initial public health assessment

First/given name(s)*

As shown on your passport

Last/family name/surname*

As shown on your passport

Date of birth*

As shown on your passport

[date picker]

Passport country or area of issuance*

[dropdown list]

Passport number*

As shown on your passport

Today or in the last 2 days have you...*

Had a fever (100.4 F/38 C or higher), felt feverish, or had chills? *

☐ Yes ☐ No

Had new or unusual headache or body aches? *

☐ Yes ☐ No

Experienced vomiting or diarrhea? *

☐ Yes ☐ No

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In the last 21 days (3 weeks), in one of the affected countries...*

Did you have contact with or spend time near a sick person who had fever or other sudden illness? *

☐ Yes ☐ No

Have you come into contact with any person's blood or bodily fluids (such as vomit, saliva, feces, or urine)? *

☐ Yes ☐ No

Were you a patient or visitor in a healthcare facility such as a hospital or clinic, or an Ebola treatment unit, or did you visit a traditional healer? *

☐ Yes ☐ No

Did you provide medical care to patients, work as a lab technician, or perform any other type of work in a healthcare facility, such as a hospital or clinic, or an Ebola treatment unit?*

☐ Yes ☐ No

Did you touch the body or remains of a dead person, prepare a body for burial, attend a funeral, or perform burial work? *

☐ Yes ☐ No

Were you working with a non-government organization?*

☐ Yes ☐ No

[SHOW IF user selects Yes] Name of organization*

[+ Add another traveler]

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U.S. Arrival and Destination

Please provide information about your flight that will land in the U.S. (i.e., final leg into the U.S. if the trip consisted of multiple flights).

Date of arrival in the U.S.*

[Date picker]

U.S. Arrival Airport*

If sea port or land border select "other"

[dropdown list]

Provide the airline and flight number for your flight(s) since leaving the outbreak-affected area:

Airline*

[dropdown list]

Flight number*

Numeric only

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Assigned seat number*

In what U.S. state or territory will you spend most of your time for your first 5 days after you arrive in the United States?*

[dropdown list]

[IF user selects California] Where in California will you be located?

☐ Los Angeles County ☐ San Francisco ☐ Santa Barbara ☐ Other

[IF user selects Illinois] Where in Illinois will you be located?

☐ Chicago ☐ Other

[IF user selects Maryland] Where in Maryland will you be located?

☐ Baltimore ☐ Other

[IF user selects Texas] Where in Texas will you be located?

☐ Dallas ☐ Houston ☐ Other

[IF user selects Pennsylvania] Where in Pennsylvania will you be located?

☐ Philadelphia ☐ Other

What is the address of the place you will spend most of your time for the first 5 days after you arrive in the United States (e.g., house, hotel, etc.)*

Street Address*

City*

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Zip Code*

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The information given in this submission is complete and true to the best of my knowledge and belief.

I understand that any materially false statement knowingly and willfully made in connection with this form may subject me to criminal penalties under 18 U.S.C. § 1001.

By submitting this form, I understand that public health officials may contact me by phone, text, or email during the next 21 days.

Check one of the following:*

- ☐ I am the person/legal guardian of the person represented on this form.
- ☐ This form was prepared by someone authorized to act on behalf of the traveler.

Signature*

Date*

[Date picker]

The Privacy Act of 1974, 5 U.S.C. § 552a, governs the collection and use of this information. The information maintained by CDC will be covered by CDC's System

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of Records No. 09-20-0171, Quarantine- and Traveler-Related Activities, Including Records for Contact Tracing Investigation and Notification under 42 C.F.R. Parts 70 and 71. See 72 Fed. Reg. 70867 (Dec. 13, 2007), as amended by 76 Fed. Reg. 4485 (Jan. 25, 2011) and 83 Fed. Reg. 6591 (Feb. 14, 2018).

CDC will only disclose information from the system outside the CDC and the U.S. Department of Health and Human Services as the Privacy Act permits, including in accordance with the routine uses published for this system in the Federal Register, and as authorized by law.

Such lawful purposes may include, but are not limited to, sharing identifiable information with state and local public health departments, and other cooperating authorities.

CDC and cooperating authorities will retain, use, delete, or otherwise destroy the designated information in accordance with federal law and the System of Records Notice (SORN) set forth above. You may contact the system manager at dgmhpolicyoffice@cdc.gov or by mailing Policy Office, Division of Global Migration Health, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H16-4, Atlanta, GA 30329, if you have questions about CDC's use of your data.

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