

Optional General Air/Land Contact Investigation Outcome Reporting Form

- Unusual bleeding; Date of onset: ___/___/___
- Decreased consciousness; Date of onset: ___/___/___
- Difficulty breathing/shortness of breath; Date of onset: ___/___/___
- Recent onset of focal weakness and/or paralysis; Date of onset: ___/___/___

7. HEALTH SINCE FLIGHT: INTERVIEW DONE AT LEAST ONE INCUBATION PERIOD SINCE FLIGHT

Interview Date: ___/___/___

- N/A (did not follow-up with passenger after first interview)

Did contact report any signs or symptoms? No (**Stop here**) Yes; please check all that apply:

- Fever; Date of onset: ___/___/___ , Maximum measured temperature: _____ °C/F
- Feverishness (no temperature measured): ___/___/___
- Cough; Date of onset: ___/___/___
- Rash; Date of onset: ___/___/___
- Coryza; Date of onset: ___/___/___
- Conjunctivitis; Date of onset: ___/___/___
- Sore throat; Date of onset: ___/___/___
- Swollen glands; Date of onset: ___/___/___
- Vomiting; Date of onset: ___/___/___
- Diarrhea; Date of onset: ___/___/___
- Jaundice; Date of onset: ___/___/___
- Headache; Date of onset: ___/___/___
- Neck stiffness; Date of onset: ___/___/___
- Unusual bleeding; Date of onset: ___/___/___
- Decreased consciousness; Date of onset: ___/___/___
- Difficulty breathing/shortness of breath; Date of onset: ___/___/___
- Recent onset of focal weakness and/or paralysis; Date of onset: ___/___/___

8. DIAGNOSIS

If contact reported symptoms, was s/he evaluated by a health care provider? No Yes; Date(s): ___/___/___; ___/___/___

If yes, was the contact diagnosed with **[this disease]**? No Yes; Date: ___/___/___ Insufficient Information

How was diagnosis made?

- IgM Paired IgG PCR Culture Epi-linked Clinical diagnosis only Other (specify): _____

Did the infection develop within the incubation period? No Yes

Has anyone else developed **[this disease]** as a result of exposure to this person? No Yes; Who? _____

Was this passenger a close contact of the index case other than on the flight?

- No Yes, type: Household Travel companion Social Work Other _____

Is this passenger a close contact with a known case of **[this disease]** other than the person on flight?

- No Yes; with whom? _____ Date of last exposure (mm/dd): ___/___ Unknown

Has contact visited other countries during the past month? No Unknown Yes

If yes, list the country with the corresponding dates (mm/dd):

1. _____ From: ___/___ to ___/___
2. _____ From: ___/___ to ___/___
3. _____ From: ___/___ to ___/___

9. COMMENTS [free text field]

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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX