Basic Information about Contact(s)												
Contact Number	Initials or Crew #	Crew Member/ Passenger	Sex (M/F)	Date of Birth (MM/DD/YY) or Age in years	Were you able to contact this person? Y/N	If no, why not? (contact disembarked in another country, transferred to another ship, etc) (If no, stop here)	If yes, date contacted: MM/DD/YY	Was contact interviewed? Y/N	If no, why not? (declined, other) (If no, stop here)	Date of last known exposure with index case MM/DD/YY	Was this person a known close contact of the index case outside of this voyage (e.g. family member or travel companion?) Y/N	Specify types of contact this person had with index case (cabinmate, work or social contact?)
1												
2												
3												
4												
5												
6												
7												

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 0920-0900.

Prior Immunity			Measles Intervention related to Exposure				Symptoms of Measles Since Exposure					
How many doses of measles containing vaccine (MMR) had this person received? 0-3	Was this person immune due to a history of measles? Y/N	Was this person known to be immune due to serology results? Y/N	Did person receive prophylaxis for this exposure? Y/N	If no, why not? (outside window for prophylaxis, declined, immune, other)	If yes, was vaccine or immunoglobulin used? Y/N	Date prophylaxis given MM/DD/YY	Did person have Fever? Y/N	If yes to fever, what was maximum temperature measured?	Rash? Y/N	Cough? Y/N	Coryza? Y/N	Conjunctivitis? Y/N
Respond with NA if not done or not applicable												

Diagnosis		
Was this person diagnosed with measles? Y/N/Unknown	If unknown, why? (declined evaluation, lost to follow-up, not interviewed after incubation period)	If yes, list the following positive criteria that were used to make the diagnosis: IgM, Paired IgG, PCR, Culture, Epi-linked, Clinical diagnosis, Other
Incubation period for measles has a maximum of 21 days		