Health and Human Services, Centers for Disease Control and Prevention OMB approved 0920-1031 Exp 04/30/2015

UNITED STATES TRAVELER HEALTH DECLARATION

Temperature
CARE ID #
CARE cell #
Language

DHS should complete this form for EACH traveler. The information is being collected as part of the public health response to the outbreaks of Ebola. The information will be used by U.S. public health authorities and other international, federal, state, or local agencies for that purpose. The legal authorities for this collection are sections 311 and 361-368 of the Public Health Service Act.

NOTE: While cooperation with CDC during this proposed risk assessment is voluntary, if an individual refuses to provide the requested information, or is not truthful about the information provided during screening or an illness investigation, CDC may, if it is reasonably believed that the individual is infected with or has been exposed to Ebola, quarantine, isolate, or place the individual under surveillance under 42 CFR 71.32 and 71.33.

Traveler's Information:											
Ebola outbreak countries in last 21 days: Guinea Liberia Mali Sierra Leone Other:											
Last (family) name: First (given) name:											
Passport country: Passport number:											
Birth date:	Departure date:						Arrival	Arrival date:			
Airline:	Flight i	Flight number:					Seat number(s):				
1 st e-mail address: 2 nd e-mail address:											
1 st telephone number (in	clude country code	or country	y nan	ne):							
2 nd telephone number (in	clude country code	e or counti	ry nar	ne):							
Home address:											
Address(es) for next 21 of	days (include date:	s):									
Name of a friend or relati	ve in United State	s (U.S.):									
U.S. friend/relative's email: Phone number:											
DHS visual observation	1								Yes	No	
Have you observed vomi	ting, diarrhea, or v	risible blee	ding?)							
DHS Officer, ask traveler	r the following que	stions:									
Today or in the past 48 hours, have you had any of the following symptoms? A. Fever (100° F / 38° C or higher), feeling feverish, or having chills?									Yes	No	
B. Vomiting or diarrhea?	3 // 3	,		J							
In the last 21 days (3 weeks), have you done any of the following? C. Lived in the same household or had contact with a person sick with Ebola or a person who was very sick or died?										No	
D. Been in a health care	facility or a labora	tory in an I	Ebola	outbr	eak cou	untry?					
E. Been around or touch							ak c	ountry?			
DHS Action Taken	Action Taken DHS Officer's Name:				Airport Code:						
Gave tear sheet	Gave CAF	RE Kit	7	Referred to CDC OR Released							

Public reporting burden of this collection of information is estimated to average 15 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 0920-1031.