

## UNITED STATES TRAVELER HEALTH DECLARATION

Providing the following information to the Centers for Disease Control and Prevention is required under Title 42 Code of Federal Regulations Section 71.20, and is being collected as part of the public health response to a new coronavirus identified in China. The information will be used by U.S. public health authorities and other international, federal, state, or local agencies for public health purposes.

Have you been in any of the countries listed below in the last 14 days? (Circle All That Apply):       YES    NO

China Iran South Korea Italy

Austria Belgium Czech Republic Denmark Estonia Finland France Germany Greece Hungary Iceland  
Latvia Liechtenstein Lithuania Luxembourg Malta Netherlands Norway Poland Portugal Slovakia  
Slovenia Spain Sweden Switzerland Monaco San Marino Vatican City

Enter the last date you were in one of the countries listed above: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family name: ..... First (given) names: .....

Country of residence: ..... Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Day/Month/Year) Sex: Male  Female

Date of US arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Day/Month/Year) Airline: ..... Flight number: ..... Seat number(s): .....

U.S. destination: Address or hotel name: .....

..... City: ..... State: .....

E-mail address: ..... Telephone number in US: ..... Mobile? Yes  No

IN THE PAST 14 DAYS, HAVE YOU HAD CONTACT WITH A PERSON KNOWN TO BE INFECTED WITH THE NOVEL CORONAVIRUS?    YES     NO     If yes, date contact occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Day/Month/Year)

TODAY OR IN THE PAST 24 HOURS, HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?

- Fever (100.4° F / 38° C or higher), felt feverish, or had chills?
- Cough?
- Difficulty breathing?

YES	NO

*To be completed by screener*

Measured temperature:       Arrival airport code:

Visible signs of cough or shortness of breath or being obviously unwell: Yes  No

Released       Referred for public health risk assessment

Completed by: \_\_\_\_\_

Time start: ..... Time end: .....      Translator needed? Yes  No

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-XXXX.