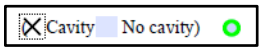
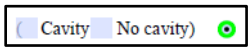
Instructions for the Maritime Conveyance Illness or Death Investigation Form

Please download this form, type the vessel name at the top of the form, and save it for future use.

Completing and submitting

- Complete this form as specified by www.cdc.gov/quarantine/cruise-reporting-guidance.html or www.cdc.gov/quarantine/cargo-reporting-guidance.html.
- Remember to use a separate form for each ill or deceased person.
- Note that all fields with red text and an asterisk symbol (*) are required. These fields include: Person filling out form, E-mail, Type of notification, Type of traveler, Conveyance type, Vessel company/name, Country of departure, Departure date, Next U.S. port and state, Arrival date at next U.S. port, Embarkation port, Embarkation date, at least one Sign, Symptom, or Condition, and Presumptive diagnosis/cause of death.
- Please note that for some questions (temperature unit, rash type, cough type, chest x-ray result, and presence of cavity) you won't be able to clear your selection by unclicking the box. To clear your selection you should click on the green default circle located to the right of the main selections. For example, if 'cavity' is checked in error, you may clear the selection by clicking the green default circle to the right of 'no cavity.' See images below.





- For more information about the fields on this form, visit: www.cdc.gov/quarantine/key-fields.html.
- Submit to the CDC Quarantine Station with jurisdiction over the **next U.S. seaport of arrival** by one of the methods described below.

Instructions by section

Sections 1–4 (Quarantine Station Notification, Vessel Information, Medical History, and Evaluation of Ill or Deceased Person)

- To complete ***Sections 1–4,*** you may type directly into the form, or print and fill out by hand.
- To submit the form, choose from the following options:
  1. Click on the gray "**Send Via E-mail**" button in the upper left-hand corner of the form (Note: In order to use this option, your e-mail account must be set up to automatically generate an e-mail message from a PDF), or save the form, then attach to your e-mail and send it to MaritimeAdmin@cdc.gov, or
  2. Look up the contact information for the CDC Quarantine Station with jurisdiction over the next U.S. seaport of arrival at www.cdc.gov/quarantine/QuarantineStationContactListFull.html and send by **fax**, or
  3. By **telephone**.
- A confirmation e-mail will be sent to the e-mail address that was entered on the form within 1-2 business days. The quarantine station will contact you if follow-up information is needed.
- If you don't receive confirmation of your report, or if you have any questions, please contact the CDC Quarantine Station with jurisdiction over the next U.S. port of arrival, the CDC Emergency Operations Center at 770-488-7100, or the Maritime Activity Administrator (MaritimeAdmin@cdc.gov).

Section 5 (General Information About Ill or Deceased Person)

- **Please DON'T submit *Section 5* unless the quarantine station asks you to do so.**
- To complete ***Section 5,*** **print out** the form and **fill in by hand**. This section contains personally identifiable information (PII), so you won't be able to type into the fillable PDF form.
- **Submit by fax or telephone**.
- **Do not submit any forms with PII to CDC through e-mail.**

PII is any information that can be used alone or in combination to identify an individual. This includes names, addresses, phone numbers, dates (birth, hospital admission, travel), identifying numbers (passport, social security, driver's license, alien), medical records, photographs, and for rare diseases, geographic locations.

Reminder to cruise ships

1. Report cumulative influenza and influenza-like illness (ILI) cases (including zero) for each voyage with the Maritime Conveyance Cumulative Influenza/ Influenza-Like Illness (ILI) Form: www.cdc.gov/quarantine/cumulative-form.html. Influenza and ILI are defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat without a KNOWN cause other than influenza.
2. Send gastrointestinal (GI) illness reports to CDC's Vessel Sanitation Program (VSP). For more information call 800-323-2132 or visit http://www.cdc.gov/nceh/vsp/.
3. Report a case of Legionnaires' disease by sending an e-mail to travellegionella@cdc.gov.

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OMB Control No. 0920-0821 (Section 4-5), Exp 6/30/2019

Send Via Email

Maritime Conveyance Illness or Death Investigation Form
U.S. Centers for Disease Control and Prevention

Section 1. Quarantine Station Notification

Person filling out form (*):	Phone:	E-mail (*):

Type of notification (*):	Type of traveler (*):	Conveyance type (*):
☐ Illness ☐ Death	☐ Crew ☐ Passenger	☐ Cruise ship ☐ Cargo ☐ Other

Section 2: Vessel Information

Vessel company/name (*):	Voyage number:	Number on board: Crew:	Passengers:

Country of departure (*):	Departure date (*) & time (24 hr): mm / dd / yyyy hh : mm	Arrival date & time (24 hr) at final port: mm / dd / yyyy hh : mm

Itinerary:

Next U.S. port (*):	Arrival date (*) & time (24 hr) at next U.S. port : mm / dd / yyyy hh : mm

Person information while onboard vessel:

Cabin number:	If crew, list job title & duties:	If crew member has contact with passengers, describe extent/frequency:

Embarkation port (*):	Embarkation date (*): mm / dd / yyyy	Disembarkation port:	Disembarkation date: mm / dd / yyyy

Section 3: Medical History

Include relevant medical history of ill or deceased person (present illness, other medical problems, vaccinations, overseas physician diagnosis, etc.):

Signs, Symptoms, and Conditions (*) [Check all that apply] :

☐ FEVER (≥100°F or ≥38°C) **OR** history of feeling feverish/ having chills in past 72 hrs
Onset date:
Current temperature: ⁰ F/C

☐ Rash
Onset date:
Appearance:
☐ Maculopapular ☐ Vesicular/Pustular
☐ Purpuric/Petechial ☐ Scabbed ☐ Other

☐ Conjunctivitis/eye redness
Onset date:

☐ Coryza/runny nose
Onset date:

☐ Persistent cough
Onset date:
☐ With blood ☐ Without blood

☐ Sore throat
Onset date:

☐ Difficulty breathing/shortness of breath
Onset date:

☐ Swollen glands
Onset date:
Location: ☐ Head/neck ☐ Armpit ☐ Groin

☐ Vomiting
Onset date:
# of times in past 24 hrs:

☐ Diarrhea
Onset date:
# of times in past 24 hrs:

☐ Jaundice
Onset date:

☐ Headache
Onset date:

☐ Neck stiffness
Onset date:

☐ Decreased consciousness
Onset date:

☐ Recent onset of focal weakness and/or paralysis
Onset date:

☐ Unusual bleeding
Onset date:

☐ Obviously unwell

☐ Chronic condition

☐ Asymptomatic

☐ Injury

☐ Other signs, symptoms, conditions:

Deceased persons: Date of death: mm / dd / yyyy Time of death (24 hours): hh : mm

Presumptive diagnosis/cause of death (*):

During the past 3 weeks, has anyone (onboard ship or disembarked) had similar signs and symptoms? (Please verify by a medical log review):

☐ No
☐ Yes*, total # ill of crew: total # ill of passengers:
☐ Unknown

***If yes, please fill in a new form for each person in the cluster**

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Section 4. Evaluation of Ill or Deceased Person

Traveler has taken (include those given on board):

☐ Antibiotic/antiviral/antiparasitic(s) in the **past week;** list with dates started:
☐ Fever-reducing medications (e.g., acetaminophen, ibuprofen) in the **past 12 hours;** list with dates started:
☐ Other (related to current symptoms/illness); list with date(s) started:

Countries visited in the past 3 weeks	State/city/village	Arrival date	Exposure to ill persons	Exposure to animals	Other exposures (chemical, drug ingestion, etc.)
			☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
			☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
			☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

Number of potentially exposed contacts (e.g., cabin, work, bathroom mates):

Are any traveling companions ill? ☐ No ☐ Yes*, how many are ill: ☐ N/A (no companions)

If passenger is a child, does s/he attend day care/youth program on ship?
☐ No ☐ Yes, total # of children in day care/program: # of children with similar signs & symptoms*:

Note: Submit a separate form for each ill or deceased person not previously reported to a CDC Quarantine Station.

Seen in ship infirmary?
☐ No
☐ Yes, date of first visit:
mm / dd / yyyy
☐ No infirmary

Ill/deceased person isolated after illness onset?
☐ No
☐ Yes, date isolated:
mm / dd / yyyy

Seen in health-care facility ashore?
☐ No
☐ Yes; facility/health care provider(s) information (name, location, dates, telephone number, e-mail):

Hospitalized?
☐ No
☐ Yes, dates hospitalized: from
to
mm / dd / yyyy

Lab/Imaging Results

Tests	**Date performed (mm/dd/yyyy)**	**Results (if unknown, provide name and phone number of lab/facility which performed tests/imaging)**
Chest x-ray:		☐ Normal ☐ Abnormal (☐ Cavity ☐ No cavity)
Legionella urine antigen:		☐ Positive ☐ Negative
Test 1: Test 2: Test 3:	1. 2. 3.	1. 2. 3.

Deceased persons:
Body released to medical examiner?: ☐ No ☐ Yes Telephone: City/Country:

Discharge/final diagnosis/cause of death (determined by medical examiner or other):

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Section 5. General information about ill or deceased person

Last/paternal name:		First/given name		
Middle name:	Maternal name (if applicable):		Other names used (e.g., former name, alias):	
Gender: □ Male □ Female	Date of birth: _____/_____/_____ mm dd yyyy		Age (if date of birth unknown): Days Weeks Months Years	
Country of birth:	Passport country/citizenship:	Type of ID document:	ID document #:	Alien #:
Home address:	City:		State/province:	Zip/postal code:
Country of residence:	Home phone:		If visiting, total duration of U.S. stay: Days Months Weeks Years	
Contact in U.S. – Address/hotel: Same as home address above			E-mail:	
Contact in U.S. - City:	Contact in U.S.-State/territory:		Contact phone in U.S.: Cell # of days reachable at contact phone: ____	
Emergency contact name:	Emergency contact relationship:		Emergency contact phone:	

Comments:

TO BE COMPLETED BY QUARANTINE STAFF ONLY

QARS Unique ID #:	CDC User ID:	Date Quarantine Station notified: _____/_____/_____	Time Quarantine Station notified (24 hrs): _____:_____

When was the Quarantine Station notified?
- Before any travel was initiated
- During travel
  - Prior to boarding conveyance
  - While traveler was on a conveyance
  - After disembarking conveyance
- After travel completed (reached final destination for that leg of trip)
- Unknown

Ill person was (check all that apply):
- Released to continue travel
- Advised to seek medical care
- EMS responded
- Recommended to not continue travel
- Transported to hospital (□ MOA activated): _____
- Transported to non-hospital location: _____
- Detained by law enforcement, location: _____
- Denied boarding by law enforcement
- Other: _____

Where was the traveler when the QS was notified?:
- In U.S. jurisdiction (within 3 nautical miles of U.S. coast or traveling between U.S. ports)
- Outside U.S. jurisdiction
- Unknown

Response or Info Only:
- Requires DGMQ Response & Follow-Up
- Information Report Only / No Follow-Up Needed

NOTE: If ill/deceased person also traveled via Land and/or Air conveyances, please fill out the appropriate form

Sections 1-3: Public reporting burden of this collection of information is estimated to average 2 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 0920-0134.

Sections 4-5: 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 0920-0821.

Vessel Company/Name:	Country of departure:	Departure date:	Presumptive Diagnosis: