Health and Human Services, Centers for Disease Control and Prevention
OMB approved 0920-0821
Exp 08/31/2015

Temperature

PUBLIC HEALTH
TRAVELER HEALTH DECLARATION

DHS should complete this form for the 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 been in during last 21 days: .....

Last (family) name: .....First (given) name: .....

Passport country: .....Passport number: .....

Birth date: ___ /___ / ___ (MM/DD/YY) Sex: Male ☐ Female ☐ Arrival date: ___ /___ / ___ (MM/DD/YY)

Airline: ..... Flight number: ..... Seat number(s): .....

1st e-mail address: .....2nd e-mail address: .....

1st telephone number (include country code or country name): .....

2nd telephone number (include country code or country name): .....

Home address: .....

Address for next 21 days: .....

Telephone number of a friend or relative in United States (.....) ..... - .....

E-mail address of a friend or relative in United States: .....

DHS visual observation	**Yes**	**No**
Have you observed vomiting, diarrhea, or visible bleeding?		

DHS Officer, ask traveler the following questions:

Today or in the past 48 hours, have you had any of the following symptoms?	**Yes**	**No**
A. Fever (100° F / 38° C or higher), feeling feverish, or having chills?		
B. Vomiting or diarrhea?		

In the last 21 days, have you done any of the following?	**Yes**	**No**
C. Lived in the same household or had other contact with a person sick with Ebola?		
D. Worked in a health care facility or a laboratory in an Ebola outbreak country?		
E. Touched the body of someone who died in an Ebola outbreak country?		

DHS Action Taken **DHS Officer's Name:** _____ **Airport Code:** _____

☐ Referred to CDC **OR** ☐ Gave traveler tear sheet, ☐ CDC health materials, **AND** ☐ Released traveler

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 0920-0821.

October 8, 2014

Information for Ill Travelers: Ebola
What you need to do

You have been given this card because you are sick with symptoms consistent with Ebola infection and

- ☐ **have been exposed to a person with Ebola, or**
- ☐ **have been in a country with an Ebola outbreak.**

This does not mean that you have Ebola, but further evaluation is needed.

- Ebola is a severe, often fatal disease that spreads through direct contact with an infected person's blood or body fluids (such as saliva or urine). Symptoms appear within 21 days of exposure.
- People exposed to Ebola are not contagious unless they have a fever and other symptoms of Ebola: severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising.

Because of your exposure and symptoms, CDC requires that you be medically evaluated.

- You will be taken to a hospital emergency department.
- At the hospital, a doctor will examine you. Based on the results of the examination, you might be tested for Ebola, if recommended by public health officials.
- Follow all instructions by public health and medical personnel to prevent exposing others.

If your medical evaluation does not indicate Ebola infection:

- You will be allowed to leave the hospital. Public health officials will give you additional instructions at that time. You might be asked to:
  - Check in regularly with your local health department according to their instructions.
  - Tell the health department if you plan to travel more than 50 miles, to another state, or outside the United States.
  - Not travel on commercial planes, ships, trains, or long-distance buses.
- However, continue to take steps to protect yourself and others until 21 days after leaving the Ebola-affected country:
  - Take your temperature every morning and evening, and watch for symptoms consistent with Ebola: fever, severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising.
  - Call the health department immediately if you get a **fever* or other symptoms.**
    **Fever: temperature of ~~101.5°~~ 100.4° F / 38.0°C or higher or feeling like you have a fever.*
    - If you can't reach the health department, call a doctor; tell the doctor where you traveled and that you might have been exposed to Ebola.
    - Do not travel anywhere except to the doctor's office or hospital. Limit your contact with other people when you travel to the doctor. Do not use public transport to get to the medical facility. Only travel by private car or ambulance.
    - Bring this notice and give it to health care staff when you arrive.

For more information

- Travelers' Health updates: www.cdc.gov/travel
- CDC Ebola website: www.cdc.gov/vhf/ebola/

A Note to the Doctor

The patient giving you this card has potentially been exposed to a person with Ebola, or has been in a country with an Ebola outbreak, and might have symptoms consistent with Ebola.

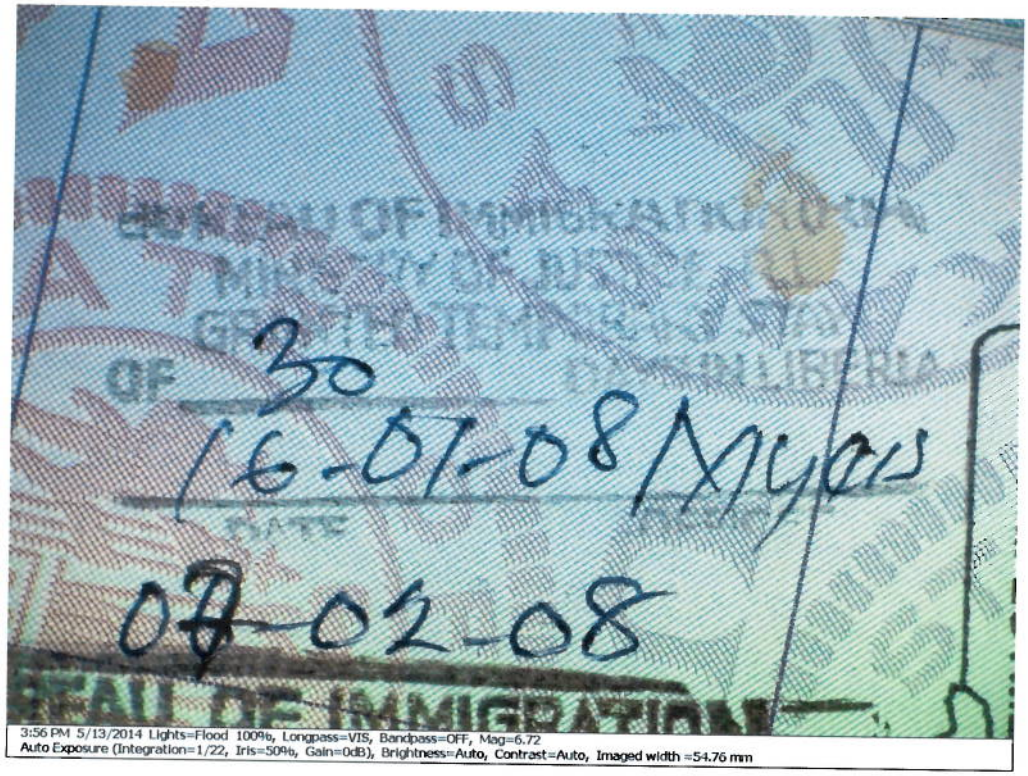
CDC recommends the following:

- Place the patient in a private room.
- Implement standard, contact, and droplet precautions as outlined in CDC guidance for health care providers. See link below.
- Evaluate the patient using case definition provided by CDC. See link below.
- If this patient has illness and exposure history consistent with Ebola:
  - Notify your local or state public health department of the patient.
  - The health department will provide guidance as to whether testing for Ebola is indicated.
- See www.naccho.org/about/lhd for your local health department contact information.
- If you are unable to reach your local or state health department, call the CDC Emergency Operations Center for assistance: 770-488-7100.

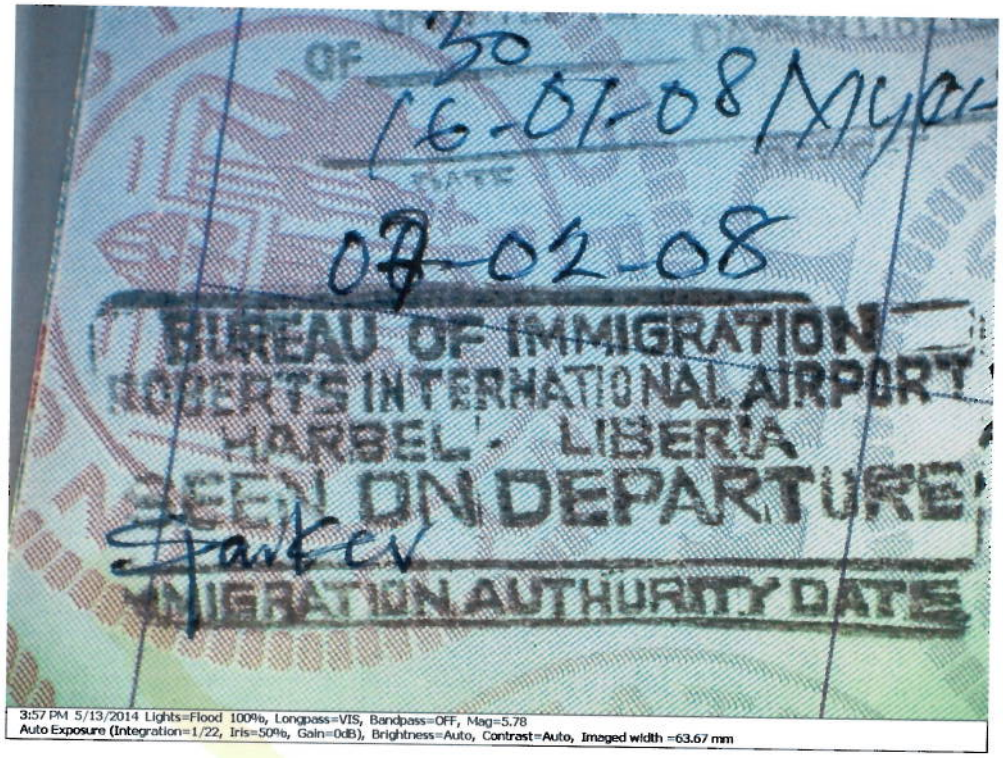
For more information

- CDC Ebola website for healthcare providers: www.cdc.gov/vhf/ebola/hcp/index.html

Liberia Stamps



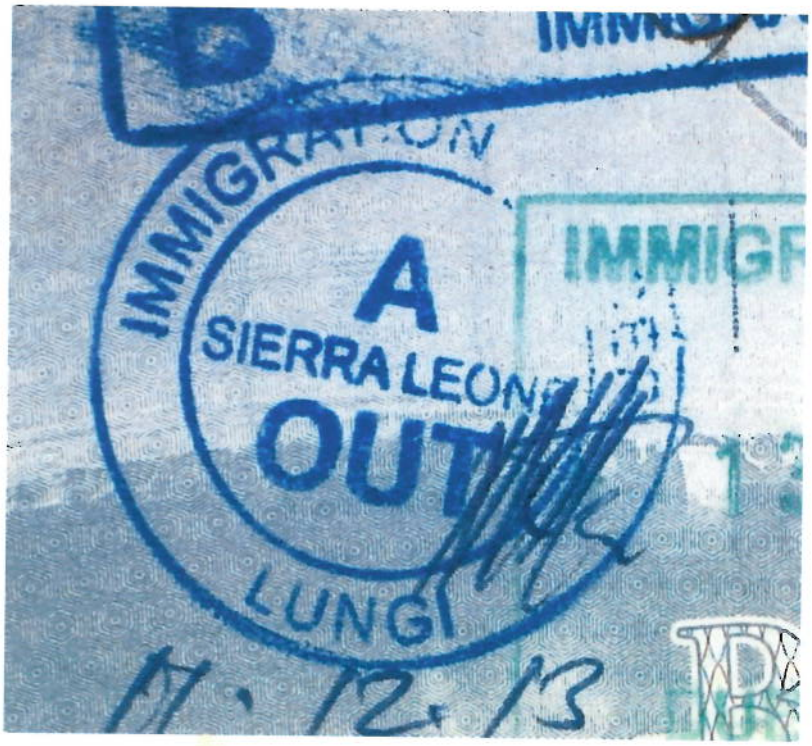
Entry Stamp



Exit Stamp

Sierra Leone Stamps

Entry Stamp



Exit Stamp

Ivory Coast Stamps

Entry Stamp

Exit Stamp

Guinea Stamps

The Guinea stamps are from 2005 and may not still be the same design as present.

Entry Stamp

Exit Stamp