

# UNITED STATES TRAVELER HEALTH DECLARATION

Form Approved  
OMB Control No.0920-1287  
Exp 9/30/2020

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 first 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.

**Each traveler coming from a Schengen country, Iran or the People's Republic of China, ("mainland China") needs to fill out one form. Mainland China does not include travelers coming from the Special Administrative Regions of Hong Kong, Macau, and the island of Taiwan.**

Arrival airport code:

**IN THE PAST 14 DAYS HAVE YOU BEEN IN ANY OF THE FOLLOWING LOCATIONS?**

- MAINLAND CHINA**      YES  NO     If yes, last date in mainland China: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY)  
**HUBEI PROVINCE, CHINA** YES  NO     If yes, last date in Hubei Province, China: \_\_\_\_/\_\_\_\_/\_\_\_\_(DD/MM/YY)  
**IRAN**                      YES  NO     If yes, last date in Iran: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY)  
**SCHENGEN COUNTRY**    YES  NO     If yes, last date in a Schengen Country : \_\_\_\_/\_\_\_\_/\_\_\_\_(DD/MM/YY)

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

Country of residence..... Citizenship:..... Passport number .....

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 (COVID-2019)?**      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

MEASURED TEMPERATURE:

-----  
**QUESTIONS FOR SCREENER**  
 -----

Does traveler have 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

This data collection is mandatory. 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 0920-1287.