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NOTIFICATION PROTOCOL AND DATA COLLECTION GUIDANCE

Health Department Notification to CDC
Quarantine Stations of Infectious Persons with
Recent Travel

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Protocol for Health Department Notification to CDC Quarantine Stations of Infectious Persons with Recent Travel

CDC's Division of Global Migration and Quarantine (DGMQ) protects the public's health through detection of, and response to, communicable diseases related to travel and imported pathogens and improves the health of globally mobile populations transitioning to U.S. communities. DGMQ has 20 quarantine stations located at U.S. ports of entry, which together cover all of the > 300 ports of entry into the United States. Within DGMQ, the Quarantine and Border Health Services Branch (QBHSB) oversees 18 quarantine stations (QS), while the US-Mexico Unit (USMU) covers two quarantine stations on the southern U.S. border.

Quarantine stations work in partnership with United States Customs and Border Protection (CBP) and other federal agencies; airlines; cruise lines and cargo/shipping agents; state, local, and territorial public health departments; and foreign ministries of health. One aspect of these partnerships involves relying on public health departments to notify quarantine stations of persons who recently traveled while infectious to prevent the spread of communicable diseases of public health concern into, out of, and within the United States.

Criteria for Health Department Notification to Quarantine Stations of Infectious Persons with Recent¹ Travel

To notify CDC of an infectious person with recent travel, the following criteria should be met:

1. *Infectious during travel.*
 - a. Infectious during travel with a communicable disease of public health concern. Infectious period is defined by the epidemiology of each disease. See **Table 2** for additional details.

AND

2. *Recent¹ history of travel.*
 - a. Recently¹ traveled on a public conveyance (e.g. airplane, maritime, bus, train) or crossed a land border (e.g. pedestrian, vehicle passenger) into the United States while infectious. (Note: Contact investigations on conveyances without manifests, such as buses and trains, may be limited in scope or infeasible.)

Note: Health departments may also wish to communicate with CDC Quarantine Stations for possible travel restriction [i.e. use of Do Not Board/Public Health Border Lookout (DNB/PHLO)] of a person infectious with one of the listed diseases who is likely to travel before deemed non-infectious, AND/OR a close or high-risk contact of a person with one of these listed diseases who are at risk for travel during the incubation period of the disease.

How to Notify Quarantine Stations of Infectious Persons with Recent Travel

Contact information for each quarantine station is provided in Table 1 and detailed information is available online (<https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>).

¹ The need for notification to the quarantine station will depend on whether the report is being made within the time period for public health intervention, typically one incubation period after the date of travel (see Table 2). If there is uncertainty, please err on the side of notification and/or calling the quarantine station to discuss.

(Quarantine stations can be reached by email, phone, fax, or by calling the CDC Emergency Operations Center at 770-488-7100. Use secure email, phone, or fax when providing personally identifiable information.)

The **Data Collection Guidance Document** details the information requested during the initial notification as well as disease-specific considerations. See **Data Collection Guidance Document** for additional details.

Responsibility for notifying the quarantine station varies by jurisdiction (e.g. state vs. local). Please check with your agency to confirm which entity holds notification responsibility.

Notification Priority:

1. URGENT notifications: (see **Table 2** for diseases for which urgent notifications are requested)
 - a. Email IMMEDIATELY to the jurisdictional quarantine station.
 - b. Call to follow-up if no confirmation within 3 hours, even if after business hours.
2. Non-Urgent Notifications:
 - a. Email non-urgent notifications to the jurisdictional quarantine station. The quarantine station will confirm receipt of notification by the following business day.

Follow-up activities

- Recommend individuals with a suspected, probable, or confirmed disease of public health concern not to travel via commercial aircraft or public transportation, or by any means internationally, including crossing land borders, until cleared by public health officials.

Additional information

- The quarantine station may contact you for additional information to ensure the data are complete and learn about the follow-up.
 - Provide the quarantine station with timely updates related to final diagnosis, lab testing results, and/or upcoming travel plans.

| Table 1. CDC's Quarantine Station Contact Information (updated October 2, 2020) | | |
|---|---|--|
| Also available at https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html | | |
| Quarantine Station | U.S. Ports | Email and Phone (24-hours access) |
| Anchorage | Alaska | QS-Anchorage@cdc.gov 907-271-6301 |
| Atlanta | Georgia North Carolina South Carolina Tennessee | QS-Atlanta@cdc.gov 404-639-1220 |
| Boston | Massachusetts Maine New Hampshire Rhode Island | QS-boston@cdc.gov 617-561-5701 |
| Chicago | Illinois Indiana Iowa Wisconsin | QS-Chicago@cdc.gov 773-894-2960 |
| Dallas | Arkansas Kansas Missouri Oklahoma Texas (Northern) | QS-Dallas@cdc.gov 972-973-9258 |
| Detroit | Kentucky Michigan Ohio | QS-Detroit@cdc.gov 734-955-6197 |
| El Paso | New Mexico Texas (West, Health Districts 8, 9, 10, 11) U.S. – Mexico Border in New Mexico and Texas | QS-elpaso@cdc.gov 866-638-9753 (Ask to speak with the QS Duty Officer) |
| Honolulu | Hawaii American Samoa Guam Commonwealth of the Northern Mariana Islands | QS-honolulu@cdc.gov 808-861-8530 |
| Houston | Louisiana Texas (East, Health Districts 4, 5, 6, 7) Texas coastline | QS-Houston@cdc.gov 281-230-3874 |

| | | |
|----------------------|--|--|
| Los Angeles | California (South, excludes U.S. – Mexico border) Colorado Nevada Utah | QS-LosAngeles@cdc.gov 310-215-2365 |
| Miami | Alabama Mississippi Florida | QS-Miami@cdc.gov 305-526-2910 |
| Minneapolis-St. Paul | Minnesota Nebraska North Dakota South Dakota | QS-Minneapolis@cdc.gov 612-725-3005 |
| New York | Connecticut New York Vermont | QS-NewYork@cdc.gov 718-553-1685 |
| Newark | New Jersey | QS-Newark@cdc.gov 973-368-6200 |
| Philadelphia | Delaware Pennsylvania | QS-Philadelphia@cdc.gov 215-365-6401 |
| San Diego | Arizona California (Imperial County, San Diego) U.S. – Mexico Border in Arizona and California | QS-SanDiego@cdc.gov 866-638-9753 (Ask to speak with the QS Duty Officer) |
| San Francisco | California (Central, North) Wyoming | QS-SanFrancisco@cdc.gov 650-876-2872 |
| San Juan | Puerto Rico U.S. Virgin Islands | QS-SanJuan@cdc.gov 787-253-7880 |
| Seattle | Idaho Montana Oregon Washington | QS-Seattle@cdc.gov 206-553-4519 |
| Washington, D.C. | Maryland Virginia Washington, D.C. West Virginia | QS-Washington@cdc.gov 703-661-1320 |

Data Collection Guidance for Health Department Notification to CDC Quarantine Stations of Infectious Persons with Recent Travel

All reports of infectious persons should include the following data as they are available. Health departments may notify the quarantine station via secure email, phone, or fax, depending on urgency. Certain diseases have additional considerations and require URGENT notification (**Table 2**). These guidelines accompany the **Protocol for Health Department Notification to CDC Quarantine Stations of Infectious Persons with Recent Travel**.

Requested Data Elements:

(Please note in certain situations, Quarantine Stations may ask for additional information beyond what is listed in this document)

When making the initial notification, include as many of the following data elements as possible.

Do not delay notification if some elements are unavailable. Reporters may submit these data elements via secure email, phone, or fax, OR use the fillable form at the end of this document and send via secure email or fax.

Reporter Information:

- First Name
- Last Name
- Agency Name
- Email Address
- Phone Number

Personal Information:

- Last Name
- First Name
- Middle Name
- Date of birth (DOB [MM/DD/YYYY])
- Sex
- Citizenship
- Country of usual residence
- Permanent address
- Phone number (including country code)
- Address in U.S. (if different from above)
- Phone number in U.S. (if different from above)
- Email address

Communicable Disease Information

- Communicable disease diagnosis (Specify disease and status: confirmed, probable, or suspect)
- Symptoms and date of onset of symptoms OR if Asymptomatic, date of specimen collection of positive laboratory test
- Laboratory confirmation with at least ONE of the following:
 1. Attach copy of laboratory report as a separate document,
OR
 2. Complete the laboratory data requested in the fillable form,
OR

3. IF #1 or #2 not possible, then the laboratory information may be emailed securely

Travel Information

- The following travel information is necessary for ALL legs of the trip; however, if it is not available for the initial report it may be provided at a later time:
 - Dates of travel for ENTIRE trip
 - Purpose of travel (i.e. business, tourism/pleasure, work/business, visiting friends and relatives, education, immigrating, mass gathering, medical, military, missionary, volunteer, other)
 - Crew member or passenger?
 - Mode of transportation (e.g. airplane, maritime, bus, train)
 - *Note: Contact investigations on conveyances without manifests, such as buses and trains, may be limited in scope and may not be feasible*
 - Airline
 - Flight/route numbers (if available)
 - Departure and Arrival dates
 - Departure and Arrival city, state, and country
 - If crossed through a land border¹, Point of Entry and Method of Crossing (e.g. pedestrian, car, bus, train)
 - Seat number (if available) and whether they stayed in their assigned seat
 - Was the infectious traveler sitting next to a travel companion or family member?
 - Companion Name(s) if available
 - Explain if needed
 - Cruise/Cargo line and ship name, dates of embarkation/disembarkation (if available)

¹Land borders can be crossed at official (e.g. San Ysidro, Nogales, etc.) or unofficial (e.g. border patrol San Diego Sector) entry points along the US-Mexico and US-Canada border.

Table 2: Disease-Specific Notification Considerations

Note: Health departments may also wish to communicate with CDC Quarantine Stations for possible need for travel restriction (i.e. Do Not Board /Public Health Lookout Lists) of a person infectious with a disease of public health importance who is likely to travel before deemed non-infectious, AND/OR a close or high-risk contact of a person with one of these listed diseases who are at risk for travel during the incubation period of the disease.

| Disease | Urgent (notify immediately) | Key Timepoints ¹ | Infectivity Period | Disease-Specific Comments |
|---------------------------------|-----------------------------|---|---|---|
| Novel Influenza | YES | | | |
| Cholera | No | | Onset of symptoms until diarrhea resolved | |
| Diphtheria | No | | Onset of symptoms until 2 weeks later | |
| Hepatitis A ² | YES | Prophylaxis up to 14 days post exposure | 2 weeks before until 1 week after symptom onset | Must know if diarrhea present. If in a ship ² or aircraft crew member, whether they had food- or beverage-handling responsibilities |
| Other GI Pathogens ² | NO | | | If in a ship ² or aircraft crew member with food- or beverage-handling responsibilities |
| Measles | YES | Prophylaxis within 6 days (3 days for vaccine, 6 days for immunoglobulin (IG)); notify up to 21 days after exposure | 4 days before to 4 days after rash onset | |

| Disease | Urgent (notify immediately) | Key Timepoints ¹ | Infectivity Period | Disease-Specific Comments |
|-----------------------|-----------------------------------|---|---|--|
| Meningococcal Disease | YES | Up to 14 days after exposure | 7 days before onset of symptoms until 24 hours after antibiotics given | Must know if coughing or vomiting present, and where vomiting occurred (at seat, in lavatory, etc.). If no coughing or vomiting present, helpful to know if traveler was seated next to a family member or known travel companion. |
| Mumps | No | Up to 25 days after exposure | | Maritime contact investigations (CI) only, no Aircraft CIs |
| Pertussis | YES | Up to 21 days after exposure | Up to 3 weeks after onset of symptoms, OR, until 3 days after appropriate antibiotics given | Helpful to know if traveler was seated next to or across the aisle from a family member, known travel companion, or any infant in arms |
| Plague (Pneumonic) | YES | Antibiotic prophylaxis within 4 days of exposure; notify up to 12 days after exposure | Onset of symptoms until 48 hours after appropriate antibiotics given | |
| Rabies | YES | Post-exposure prophylaxis (PEP) needs to be re-administered to exposed contacts ASAP | 14 days before onset of symptoms and while symptomatic | |
| Rubella | No | Up to 60 days after exposure | 7 days before to 7 days after rash onset | |

| Disease | Urgent (notify immediately) | Key Timepoints ¹ | Infectivity Period | Disease-Specific Comments |
|--|--------------------------------|-----------------------------|---|---------------------------|
| Severe Acute Respiratory Syndromes, including COVID-19 ³ , MERS, and SARS | YES | | <p><u>Coronavirus Disease 2019 (COVID-19)³:</u> SYMPTOMATIC (with positive test):</p> <ul style="list-style-type: none"> • 2 days before onset of symptoms until at least 10 days after onset, if traveler meets the criteria for discontinuation of isolation <p>ASYMPTOMATIC (with positive test):</p> <ul style="list-style-type: none"> • 2 days before specimen collection date until at least 10 days after collection date if traveler remains asymptomatic <p><u>Middle East Respiratory Syndrome (MERS):</u></p> <ul style="list-style-type: none"> • Onset of symptoms until determined to be non-infectious by public health officials <p><u>Severe Acute Respiratory Syndrome (SARS-CoV1):</u></p> <ul style="list-style-type: none"> • Onset of symptoms until determined to be non-infectious by public health officials | |
| Smallpox | YES | | Rash onset until all scabs have fallen off | |

| Disease | Urgent (report immediately) | Key Timepoints ¹ | Infectivity Period | Disease-Specific Comments |
|--------------------------|-----------------------------|---|---|---|
| Tuberculosis | No | Up to 3 months after exposure | <u>Criteria for infectivity:</u> Lab confirmed = culture, or nucleic acid test (NAT) | Flight must be ≥8 hours Other requested labs = sputum smear and culture results or NAT results, drug susceptibility testing results, chest X-ray or computed tomography (CT) scan results (for CT, please include cavitation size if present) Multiple sequential lab results likely needed |
| Typhoid Fever | No | | | |
| Varicella | No | | 2 days before onset of rash until lesions crusted over | Physician diagnosis. Urgent for land border crossing only. Maritime contact investigations (CIs) are performed; no Aircraft CIs |
| Viral Hemorrhagic Fevers | YES | Within 1 incubation period (differs by virus) | Onset of symptoms until negative by PCR testing | |
| Yellow Fever | No | | | |

¹Key Timepoints refer to post exposure prophylaxis or vaccination for contacts. Case reporting will depend on whether the case traveled while infectious, and whether the report is being made within the time period for public health intervention. If any questions arise, please err on the side of reporting and/or calling QS to discuss.

²"Gastrointestinal disease on cruise ships with more than 13 passengers is managed by the CDC Vessel Sanitation Program. The purpose of notification to CDC/DGMQ is to ensure the airline or shipping company is aware of infection in a food- or beverage-handler and that interventions are conducted as indicated (CSTE Position Statement 11-CC-01)". CDC/DGMQ does manage gastrointestinal disease on international voyages of non-cruise ships that are destined for a U.S. port; such non-cruise ships include cargo, military, U.S. Coast Guard, research, ferry boats, and fishing vessels.

³At the time that this document was created, the information on COVID-19 was still evolving and guidance may have since changed. Please see the CDC website for most up to date information.

Optional Form for Health Department Notification to CDC Quarantine Stations of Infectious Persons with Recent Travel

Requested Data Elements:

This form is optional. Data may also be provided using secure email, fax, or phone. When making the initial notification, include as many of the following data elements as possible.

NOTE: DO NOT DELAY NOTIFICATION IF SOME ELEMENTS ARE UNAVAILABLE.

| Reporter Information | | | |
|--|---|---|----------------|
| Last Name: | | First Name: | |
| Name of Agency: | | | |
| Email Address: | | Phone Number: | |
| Personal Information | | | |
| Last Name: | | First Name: | |
| Middle Name: (optional) | | | |
| Date of Birth (DOB): | / | / | (MM/DD/YYYY) |
| Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say | | |
| Citizenship: | | Country of Usual Residence: | |
| Permanent Address: (address of residence) | | | |
| Phone number: (include country code) | + | | |
| Address in U.S. / Temporary Address (if different from above): | | | |
| Phone number in U.S. (if different from above): | + | | |
| Email Address | | | |
| Communicable Disease Diagnosis (See Table 2 for disease-specific considerations) | | | |
| Disease Name: | | <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect | |
| <input type="checkbox"/> Asymptomatic | | | |
| <input type="checkbox"/> Symptomatic (add specific details and onset dates below) | | | |
| Symptom 1: | Date of Symptom Onset | / | / (MM/DD/YYYY) |
| Symptom 2: | Date of Symptom Onset | / | / (MM/DD/YYYY) |
| Symptom 3: | Date of Symptom Onset | / | / (MM/DD/YYYY) |
| Symptom 4: | Date of Symptom Onset | / | / (MM/DD/YYYY) |
| Symptom 5: | Date of Symptom Onset | / | / (MM/DD/YYYY) |
| Symptom 6: | Date of Symptom Onset | / | / (MM/DD/YYYY) |
| Symptom 7: | Date of Symptom Onset | / | / (MM/DD/YYYY) |
| Symptom 8: | Date of Symptom Onset | / | / (MM/DD/YYYY) |

Laboratory Confirmation

| | |
|--|--|
| <p><u>Only ONE</u> the following methods is needed:</p> <ol style="list-style-type: none"> 1. Attach copy of laboratory report, OR 2. Fill in the laboratory data to the right, OR 3. IF #1 or #2 not possible, then the laboratory information may be emailed securely | <input type="checkbox"/> Attached as separate document Disease tested: Testing Method: Specimen source: Specimen collection date: / / Interpretation of result: Type of Lab Performing Test: |
| <p>TB Only: Chest X-ray (CXR)/Computed Tomography (CT) results (must include cavitation size):</p> | <input type="checkbox"/> CXR Result: <input type="checkbox"/> CT Result: |
| <p>Disease-Specific Information Requested: (See Table 2: Disease-Specific Reporting Considerations)</p> | |

Travel Information

The following conveyance information is necessary; however, if it is not available for the initial report it may be provided at a later time. Provide as much information that is known for ALL legs (if unknown, leave blank) of the trip.

For the purposes of this form, a leg is defined as one “trip” on a single mode of transportation. For example, for a trip from ATL to LAX, consisting of one flight from ATL to MSP and one flight from MSP to LAX, two legs should be completed. (Leg 1 = ATL to MSP and Leg 2 = MSP to LAX). **Attach additional sheets as needed.**

| | | | |
|---|---------------------|--|------------------------|
| <p>Dates of travel for ENTIRE trip (MM/DD/YYYY):</p> | | <p> / / to / /</p> | |
| <p>Purpose of travel:</p> | | <input type="checkbox"/> Passenger <input type="checkbox"/> Crew Member | |
| <p>Leg 1</p> | | | |
| <p>Mode of transportation and flight or route number or ship information (if available):</p> | | <input type="checkbox"/> Airplane <input type="checkbox"/> Maritime <input type="checkbox"/> Bus <input type="checkbox"/> Train <p><u>Airline and flight or route number:</u></p> <p><u>If maritime:</u> Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): / / Date of Disembarkation (MM/DD/YYYY): / /</p> | |
| <p>Dates of travel for leg (MM/DD/YYYY):</p> | | <p> / / to / /</p> | |
| <p>Departure Location:</p> | <p>City:</p> | <p>State:</p> | <p>Country:</p> |
| <p>Arrival Location:</p> | <p>City:</p> | <p>State:</p> | <p>Country:</p> |
| <p>If crossed through a land border, point of entry and method of crossing (e.g. pedestrian, car, bus)</p> | | <p>Point of entry: Method of crossing:</p> | |
| <p><small>NOTE: Land borders can be crossed at official (e.g. San Ysidro, Nogales, etc.) or unofficial (e.g. border patrol San Diego Sector) entry points along the US-Mexico and US-Canada border.</small></p> | | | |
| <p>Seat # (if available):</p> | | | |
| <p>Did they sit in their assigned seat?</p> | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Explain, if needed: | |
| <p>Was the infectious traveler sitting next to a travel companion or family member?</p> | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Explain, if needed: Companion Name(s): | |
| <p>Additional Notes: Add any other pertinent information here</p> | | | |

| Leg 2 | | | |
|---|--------------|--|-----------------|
| Mode of transportation and flight or route number or ship information (if available): | | <input type="checkbox"/> Airplane <input type="checkbox"/> Maritime <input type="checkbox"/> Bus <input type="checkbox"/> Train <u>Airline and flight or route number:</u> | |
| | | <u>If maritime:</u> Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): / / Date of Disembarkation (MM/DD/YYYY): / / | |
| Dates of travel for leg (MM/DD/YYYY): | | / / to / / | |
| Departure Location: | City: | State: | Country: |
| Arrival Location: | City: | State: | Country: |
| If crossed through a land border¹, point of entry and method of crossing (e.g. pedestrian, car, bus) | | Point of entry: Method of crossing: | |
| NOTE: Land borders can be crossed at official (e.g. San Ysidro, Nogales, etc.) or unofficial (e.g. border patrol San Diego Sector) entry points along the US-Mexico and US-Canada border. | | | |
| Seat # (if available): | | | |
| Did they sit in their assigned seat? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Explain, if needed: | |
| Was the infectious traveler sitting next to a travel companion or family member? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Explain, if needed: Companion Name(s): | |
| Additional Notes: Add any other pertinent information here | | | |
| Leg 3 | | | |
| Mode of transportation and flight or route number or ship information (if available): | | <input type="checkbox"/> Airplane <input type="checkbox"/> Maritime <input type="checkbox"/> Bus <input type="checkbox"/> Train <u>Airline and flight or route number:</u> | |
| | | <u>If maritime:</u> Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): / / Date of Disembarkation (MM/DD/YYYY): / / | |
| Dates of travel for leg (MM/DD/YYYY): | | / / to / / | |
| Departure Location: | City: | State: | Country: |
| Arrival Location: | City: | State: | Country: |
| If crossed through a land border¹, point of entry and method of crossing (e.g. pedestrian, car, bus) | | Point of entry: Method of crossing: | |
| NOTE: Land borders can be crossed at official (e.g. San Ysidro, Nogales, etc.) or unofficial (e.g. border patrol San Diego Sector) entry points along the US-Mexico and US-Canada border. | | | |
| Seat # (if available): | | | |
| Did they sit in their assigned seat? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Explain, if needed: | |
| Was the infectious traveler sitting next to a travel companion or family member? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Explain, if needed: Companion Name(s): | |
| Additional Notes: Add any other pertinent information here | | | |

| Leg 4 | | | |
|--|--------------|--|-----------------|
| Mode of transportation and flight or route number or ship information (if available): | | <input type="checkbox"/> Airplane <input type="checkbox"/> Maritime <input type="checkbox"/> Bus <input type="checkbox"/> Train <u>Airline and flight or route number:</u> | |
| | | <u>If maritime:</u> Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): / / Date of Disembarkation (MM/DD/YYYY): / / | |
| Dates of travel for leg (MM/DD/YYYY): | | / / to / / | |
| Departure Location: | City: | State: | Country: |
| Arrival Location: | City: | State: | Country: |
| If crossed through a land border¹, point of entry and method of crossing (e.g. pedestrian, car, bus) | | Point of entry: Method of crossing: | |
| <small>NOTE: Land borders can be crossed at official (e.g. San Ysidro, Nogales, etc.) or unofficial (e.g. border patrol San Diego Sector) entry points along the US-Mexico and US-Canada border.</small> | | | |
| Seat # (if available): | | | |
| Did they sit in their assigned seat? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Explain, if needed: | |
| Was the infectious traveler sitting next to a travel companion or family member? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Explain, if needed: Companion Name(s): | |
| Additional Notes: Add any other pertinent information here | | | |
| Leg 5 | | | |
| Mode of transportation and flight or route number or ship information (if available): | | <input type="checkbox"/> Airplane <input type="checkbox"/> Maritime <input type="checkbox"/> Bus <input type="checkbox"/> Train <u>Airline and flight or route number:</u> | |
| | | <u>If maritime:</u> Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): / / Date of Disembarkation (MM/DD/YYYY): / / | |
| Dates of travel for leg (MM/DD/YYYY): | | / / to / / | |
| Departure Location: | City: | State: | Country: |
| Arrival Location: | City: | State: | Country: |
| If crossed through a land border¹, point of entry and method of crossing (e.g. pedestrian, car, bus) | | Point of entry: Method of crossing: | |
| <small>NOTE: Land borders can be crossed at official (e.g. San Ysidro, Nogales, etc.) or unofficial (e.g. border patrol San Diego Sector) entry points along the US-Mexico and US-Canada border.</small> | | | |
| Seat # (if available): | | | |
| Did they sit in their assigned seat? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Explain, if needed: | |
| Was the infectious traveler sitting next to a travel companion or family member? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Explain, if needed: Companion Name(s): | |
| Additional Notes: Add any other pertinent information here | | | |