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COUNCIL OF STATE AND
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NOTIFICATION PROTOCOL AND DATA COLLECTION GUIDANCE

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

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Protocol for Health Department Notification to CDC Port Health Stations of Person Who Recently Traveled While Infectious

CDC's Division of Global Migration and Health (DGMH) 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. DGMH has 20 Port Health Stations located at U.S. ports of entry, which together cover all of the > 300 ports of entry into the United States. Within DGMH, the Travel Risk Assessment and Mitigation Branch (TRAMB) and the Port Health Protection Branch (PHBP) oversee 18 port health stations (PHS), while the Southern Border Health and Migration Branch (SBHMB) includes two Port Health Stations on the southern U.S. border.

Port health 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 port health 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 Department¹ Notification to Port Health Stations of Persons Who Recently Traveled While Infectious²

To notify CDC of a person who recently traveled while infectious, the following criteria should be met:

1. *Recent¹ history of travel.*
 - a. Recently¹ traveled on a public conveyance (e.g. airplane, cruise or cargo ship, 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.)

AND

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

¹ According to jurisdiction procedures for reporting to CDC. Responsibility for notifying the port health station varies by jurisdiction (e.g. state vs. local). Please check with your agency to confirm which entity holds notification responsibility.

² The need for notification to the port health 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 port health station to discuss.

Note: Health departments may also wish to communicate with CDC Port Health 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 Port Health Stations of Person Who Recently Traveled While Infectious

Contact information for each port health station is provided in Table 1 and detailed information is available online (<https://www.cdc.gov/port-health/stations/port-health-station-contact-list.html>) (port health 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 port health 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. Call IMMEDIATELY to the jurisdictional port health station to ensure your message has been received. Station phones are monitored 24/7.
 - b. Email station to follow-up with case information.
2. Non-Urgent Notifications:
 - a. Email non-urgent notifications to the jurisdictional port health station. The port health station will confirm receipt of notification by the following business day.

Follow-up activities to be completed by health departments

- 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 reporting

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

Table 1. CDC's Port Health Station Contact Information (updated May 19, 2025)	
Up-to-date Contact Information available at https://www.cdc.gov/port-health/stations/port-health-station-contact-list.html	
Port Health Station	U.S. Ports
Anchorage	Alaska
Atlanta	Georgia North Carolina South Carolina Tennessee
Boston	Massachusetts Maine New Hampshire Rhode Island
Chicago	Illinois Indiana Iowa Wisconsin
Dallas	Arkansas Kansas Missouri Oklahoma Texas (Northern)
Detroit	Kentucky Michigan Ohio
El Paso	New Mexico Texas (West, Health Districts 8, 9, 10, 11) U.S. – Mexico Border in New Mexico and Texas
Honolulu	Hawaii American Samoa Guam Commonwealth of the Northern Mariana Islands
Houston	Louisiana Texas (East, Health Districts 4, 5, 6, 7) Texas coastline
Los Angeles	California (South, excludes U.S. – Mexico border) Colorado Nevada Utah
Miami	Alabama Mississippi Florida

Minneapolis-St. Paul	Minnesota Nebraska North Dakota South Dakota
New York	Connecticut New York Vermont
Newark	New Jersey
Philadelphia	Delaware Pennsylvania
San Diego	Arizona California (Imperial County, San Diego) U.S. – Mexico Border in Arizona and California
San Francisco	California (Central, North) Wyoming
San Juan	Puerto Rico U.S. Virgin Islands
Seattle	Idaho Montana Oregon Washington
Washington, D.C.	Maryland Virginia Washington, D.C. West Virginia

Data Collection Guidance for Health Department Notification to CDC Port Health Stations of Person Who Recently Traveled While Infectious

All notifications of people who recently traveled while infectious should include the following data as they are available. Health departments may notify the port health 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 Port Health Stations of Person Who Recently Traveled While Infectious Persons**.

Requested Data Elements:

(Please note in certain situations, Port Health Stations may require additional information from what is listed in this document):

When making the initial notification, include as many of the following data elements as possible. **Do not delay reporting 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:

- Unique Identifier (include local case ID number if applicable)
- 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 notification it may be noted and 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, cargo or cruise ship, bus, train)
 - *Note: Contact investigations on conveyances without manifests, such as buses and trains, may be limited in scope*
 - Airline/Carrier Name
 - 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)
- Seat number (if available) and whether they sat 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 Reporting Considerations

Note: Health departments may also wish to communicate with CDC Port Health 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 (report immediately)	Key Timepoints ¹	Infectivity Period	Disease-Specific Comments
Novel Influenza	YES			
Cholera	No		From first day of symptom onset until diarrhea resolved (chronic carriage has been documented, but very rare)	If in a ship ² or aircraft crew member, whether they had food- or beverage-handling responsibilities. If on aircraft, determine whether there was fecal contamination of surfaces (e.g., seats, lavatory surfaces, etc.) or if anybody came in contact with feces. If a child, determine whether other individuals held the child.
Diphtheria	No		Onset of symptoms until 2 weeks later	Diphtheria antitoxin should be given immediately (within 4 days) to cases only (not contacts) to prevent progression of disease. Antibiotics should be initiated as soon as possible, within 7 days to halt ongoing toxin production.
Hepatitis A ²	YES	Prophylaxis up to 14 days post exposure	2 weeks before until 1 week after jaundice onset (or if no jaundice, infectious through 1 week after symptom onset)	Must know if diarrhea present. A CI will only be indicated in an unusual exposure scenario such as a fecal accident in the index traveler's seat or in an aisle to which others were exposed. If in a ship ² or aircraft crew member, whether they had food- or beverage-handling responsibilities

Other GI Pathogens ²	No		Variable, depending on the pathogen	If in a ship ² or aircraft crew member with food- or beverage-handling responsibilities. For aircraft passengers, report cases where there is a history of fecal exposure, e.g., contamination of lavatory, airplane seat, or aisle.
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 (report immediately)	Key Timepoints ¹	Infectivity Period	Disease-Specific Comments
Meningococcal Disease	YES	Prophylactic antibiotics are most effective if administered within 24 hours of exposure, but can be given 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 Air CIs
Pertussis	YES	Up to 21 days after exposure	Up to 3 weeks after onset of, OR, until 5 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 infant in arms.

			Travel may resume after 3 days of treatment with azithromycin OR 5 days with other macrolides OR if no treatment has been given >21 days after onset of paroxysms.	Requires urgent (after-hours) action IF contacts include infants-in-arms OR if next day is not a business day.
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	Pre-exposure prophylaxis (PEP) needs to be re-administered to exposed contacts ASAP	14 days before onset of symptoms and while symptomatic	Lab confirmation is required. Ensure that lab specimens were sent to CDC for lab confirmation
Rubella	No	Up to 60 days after exposure	7 days before to 7 days after rash onset	

Disease	Urgent (report immediately)	Key Timepoints ¹	Infectivity Period	Disease-Specific Comments
Severe Acute Respiratory Syndromes, including COVID-19 ³ , MERS, and SARS-CoV-1	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-CoV-1):</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 (21-30 days)	
Monkeypox	YES		Isolation precautions should be continued until all lesions have resolved and a fresh layer of skin has formed. Following the discontinuation of isolation precautions, affected individuals should avoid close contact with immunocompromised persons until all crusts are gone.	Smallpox vaccine, antivirals, and vaccinia immune globulin (VIG) can be used for treatment/post-exposure prophylaxis. CDC recommends that the vaccine be given within 4 days from the date of exposure in order to prevent onset of the disease. If given between 4–14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease. Persons exposed to monkeypox virus and who have not received the smallpox vaccine within the last 3 years, should consider getting vaccinated.

Disease	Urgent (report immediately)	Key Timepoints ¹	Infectivity Period	Disease-Specific Comments
Tuberculosis	No	Up to 3 months after exposure	<p><u>Criteria for infectivity:</u> Lab confirmed = culture, or nucleic acid test (NAT)</p> <p>If lab confirmation is pending, may start CI process if other criteria met.</p>	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/Paratyphoid Fever	No		As long as <i>Salmonella typhi</i> or <i>Salmonella paratyphi</i> is present in stool or urine, from illness onset through convalescence; duration of shedding after clinical recovery is variable (~10% of <u>untreated</u> cases will continue to excrete bacilli for 3 months after illness onset)	If in a ship ² or aircraft crew member, whether they had food- or beverage-handling responsibilities
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	VHFs include: Ebola, Marburg, Lassa, Lujo, Crimean-Congo, Machupo, Guanarito, Junin, Sabia, Chapare, and any others indicated by the SMEs
Yellow Fever	No			No person-to-person transmission. Mosquito transmission.

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 side of reporting and/or calling PHS to discuss.

²Gastrointestinal disease on cruise ships with more than 13 passengers is managed by the CDC Vessel Sanitation Program (VSP). The purpose of notification to CDC/DGMH 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/DGMH 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 infectivity periods: (<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>)

Optional Form for Health Department Notification to CDC Port Health 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.

Please mark or write "Not Available" as needed.

Reporter Information			
Last Name:		First Name:	
Name of Agency:			
Email Address:		Phone Number:	

Personal Information			
Unique Identifier (include local case ID number if applicable):			
Last Name:		First Name:	
Middle Name: (optional)			
Date of Birth (DOB):	/ / (MM/DD/YYYY)	<input type="checkbox"/> Not Available	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Available		
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"/> Not Available	
<input type="checkbox"/> Asymptomatic			
<input type="checkbox"/> Symptomatic (Optional: add specific details and onset dates below)	Overall Onset Date: / / (MM/DD/YYYY)		
Symptom 1:	Date of Symptom Onset	/ / (MM/DD/YYYY)	<input type="checkbox"/> Not Avail.
Symptom 2:	Date of Symptom Onset	/ / (MM/DD/YYYY)	<input type="checkbox"/> Not Avail.
Symptom 3:	Date of Symptom Onset	/ / (MM/DD/YYYY)	<input type="checkbox"/> Not Avail.
Symptom 4:	Date of Symptom Onset	/ / (MM/DD/YYYY)	<input type="checkbox"/> Not Avail.
Symptom 5:	Date of Symptom Onset	/ / (MM/DD/YYYY)	<input type="checkbox"/> Not Avail.
Symptom 6:	Date of Symptom Onset	/ / (MM/DD/YYYY)	<input type="checkbox"/> Not Avail.
Symptom 7:	Date of Symptom Onset	/ / (MM/DD/YYYY)	<input type="checkbox"/> Not Avail.

Symptom 8:	Date of Symptom Onset	/ / (MM/DD/YYYY)	<input type="checkbox"/> Not Avail.
Laboratory Confirmation			
Only ONE the following methods is needed: 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 <input type="checkbox"/> Not Available Disease tested: Testing Method: Specimen source: Specimen collection date: / / Interpretation of result: Type of Lab Performing Test:	
TB Only: Chest X-ray (CXR)/Computed Tomography (CT) results (must include cavitation size):		<input type="checkbox"/> CXR Result: <input type="checkbox"/> Not Available <input type="checkbox"/> CT Result: <input type="checkbox"/> Not Available	
Disease-Specific Information Requested: (See Table 2: Disease-Specific Reporting Considerations)			
Comments/Additional Information:			
Add any other pertinent information here			

Travel Information			
The following conveyance information is necessary, however, if it is not available for the initial notification it may be provided at a later time. Provide as much info that is known for ALL legs (if unknown, leave blank) of all trips taken while infectious.			
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.			
Dates of travel for ALL trips (MM/DD/YYYY):		/ / <input type="checkbox"/> Not Available	to
		/ / <input type="checkbox"/> Not Available	
Purpose of travel (optional):		<input type="checkbox"/> Passenger <input type="checkbox"/> Crew Member <input type="checkbox"/> Not Available	
Leg 1			
Mode of transportation and flight or route number or ship information:		<input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Not Available Airline/Carrier name and route number: (May be obtained from CBP, still must be verified with airline or travel company) If ship: Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): / / <input type="checkbox"/> Not Available Date of Disembarkation (MM/DD/YYYY): / / <input type="checkbox"/> Not Available	
Dates of travel for leg (MM/DD/YYYY):		/ / <input type="checkbox"/> Not Available	to
		/ / <input type="checkbox"/> Not Available	
Departure Location:	City:	State:	Country:

Arrival Location:	City:	State:	Country:
If crossed through a land border, 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 <input type="checkbox"/> Not available 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 <input type="checkbox"/> Not available Explain, if needed: Companion Name(s):	
Comments/Additional Notes: Add any other pertinent information here			

Leg 2

Mode of transportation and flight or route number or ship information:		<input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Not Available Airline/Carrier and route number : (May be obtained from CBP, still must be verified with airline or travel company) If ship: Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): / / <input type="checkbox"/> Not Available Date of Disembarkation (MM/DD/YYYY): / / <input type="checkbox"/> Not Available / / <input type="checkbox"/> Not Available	
Dates of travel for leg (MM/DD/YYYY):		to / / <input type="checkbox"/> Not Available / / <input type="checkbox"/> Not Available	
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 <input type="checkbox"/> Not available 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 <input type="checkbox"/> Not available Explain, if needed: Companion Name(s):	
Comments/Additional Notes: Add any other pertinent information here			

Leg 3

Mode of transportation and flight or route number or ship information:		<input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Not Available Airline/Carrier and route number : (May be obtained from CBP, still must be verified with airline or travel company) If ship: Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): / / <input type="checkbox"/> Not Available Date of Disembarkation (MM/DD/YYYY): / / <input type="checkbox"/> Not Available / / <input type="checkbox"/> Not Available	
Dates of travel for leg (MM/DD/YYYY):		to / / <input type="checkbox"/> Not Available / / <input type="checkbox"/> Not Available	
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 <input type="checkbox"/> Not available 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 <input type="checkbox"/> Not available Explain, if needed: Companion Name(s):
Comments/Additional Notes: Add any other pertinent information here	

Leg 4

Mode of transportation and flight or route number or ship information:		<input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Not Available	
		Airline/Carrier and route number: (May be obtained from CBP, still must be verified with airline or travel company) If ship: Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): / / <input type="checkbox"/> Not Available Date of Disembarkation (MM/DD/YYYY): / / <input type="checkbox"/> Not Available / / <input type="checkbox"/> Not Available	
Dates of travel for leg (MM/DD/YYYY):		to / / <input type="checkbox"/> Not Available / / <input type="checkbox"/> Not Available	
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 <input type="checkbox"/> Not available 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 <input type="checkbox"/> Not available Explain, if needed: Companion Name(s):	
Comments/Additional Notes: Add any other pertinent information here			

Leg 5

Mode of transportation and flight or route number or ship information:		<input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Not Available	
		Airline/Carrier and route number: (May be obtained from CBP, still must be verified with airline or travel company) If ship: Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): / / <input type="checkbox"/> Not Available Date of Disembarkation (MM/DD/YYYY): / / <input type="checkbox"/> Not Available / / <input type="checkbox"/> Not Available	
Dates of travel for leg (MM/DD/YYYY):		to / / <input type="checkbox"/> Not Available / / <input type="checkbox"/> Not Available	
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 <input type="checkbox"/> Not available 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 <input type="checkbox"/> Not available Explain, if needed: Companion Name(s):
Comments/Additional Notes: Add any other pertinent information here	

ATTACH ADDITIONAL PAGES AS NEEDED