



AIRSAN Remote Risk Assessment Questionnaire - For Cabin Crew

Please insert all dates in the format DD.MM.YYYY

REMOTE RISK ASSESSMENT (information ideally collected during the flight)		
Name of crew member providing information:		
Number of suspected cases on board:		
Information about suspect ill traveller		
1. Nationality:	2. Age:	3. Sex:
4. Symptoms present (1)		
4a.	<input type="checkbox"/> Temperature 38°C / 100°F or greater; when did it start:	
4b.	<input type="checkbox"/> Appearing obviously unwell; when did it start:	
4c.	<input type="checkbox"/> Coughing; when did it start:	
4d.	<input type="checkbox"/> Difficulties of breathing; when did it start:	
4e.	<input type="checkbox"/> Diarrhea; when did it start:	how often:
4f.	<input type="checkbox"/> Vomiting; when did it start:	how often:
4g.	<input type="checkbox"/> Skin rash; when did it start:	
4h.	<input type="checkbox"/> Bruising or bleeding without previous injury; when did it start:	
4i.	<input type="checkbox"/> Confusion of recent onset	
5. What does he/she or someone else think is the cause of the symptoms:		
5a.	If yes, why does he/she think that? <input type="checkbox"/> Medical diagnosis <input type="checkbox"/> Self-diagnosis <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	
6. Has medical treatment already been taken by ill traveller for the symptoms present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
6a.	If yes, which medical treatment (consider asking for documentation):	
6b.	If yes, when did the medical treatment start:	
7. Places, where the ill traveller has stayed within the last 3 weeks (consider asking for countries, regions, cities; urban areas or rural areas):		
8. Why were the above named places visited (consider asking for business trip, backpacker trip, visiting family, working as a healthcare-worker ...):		
9. Any contact with persons with similar symptoms within the last 3 weeks (consider asking whether ill traveller cared for patients or had contact to a person who died)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
10. ADDITIONAL COMMENTS:		

(1): If the meanings of the symptoms are unclear, use CDC Definitions of Symptoms for Reportable Illnesses:
<http://www.cdc.gov/quarantine/pdf/reporting-symptom-definitions.pdf>