



AIRSAN Remote Risk Assessment Questionnaire - For Cabin Crew

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

| REMOTE RISK ASSESSMENT (<i>information ideally collected during the flight</i>) | | |
|--|---|------------|
| 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>