Information about the person who is filling this questionnaire in		
Name	*E-Mail*	*Phone*
Position:		

A. INITIAL NOTIFICATION *(information available from the air traffic service)*

Date of notification:		*Time:*	
Notified by (name:)	*E-Mail:*	*Phone:*	

Following information should be included in the initial notification

Airline	Flight#	Departure aerodrome	Destination aerodrome	Time of arrival

Number of persons on board:

B. REMOTE RISK ASESSMENT *(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.	□ Temperature 38°C / 100°F or greater; when did it start:
4b.	□ Appearing obviously unwell; when did it start:
4c.	□ Coughing; when did it start:
4d.	□ Difficulties of breathing; when did it start:
4e.	□ Diarrhea; when did it start: how often:
4f.	□ Vomiting; when did it start: how often:
4g.	□ Skin rash; when did it start:
4h.	□ Bruising or bleeding without previous injury; when did it start:
4i.	□ 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? □ Medical diagnosis □ Self-diagnosis □ Unknown □ Other:

6. Has medical treatment already been taken by ill traveller for the symptoms present?
□ Yes □ No □ 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)?
□ Yes □ No □ Unknown

10. ADDITIONAL COMMENTS:

C. OUTCOME OF THE REMOTE RISK ASESSMENT		
Check if applicable	**Is the event a public health risk?**	**Actions to be considered**
□	Event is not a public health risk (e.g. suspected seasonal influenza without increased virulence)	● Risk communication about the event may be needed to address the public perception of risk (For instance: ask airport operator, airline operator and cabin crew to inform that the outcome of the risk assessment revealed: there is no public health risk)
□	Event is a public health risk	● Implement infection control measures ● Collect information needed for possible contact tracing (depending on diagnosis) ● Provide guidance to airline operators, airport operators and others about necessary measures

Check if applicable	**Which communicable disease is suspected?**	**Incubation period**
□	Suspected novel influenza with pandemic potential OR seasonal influenza with increased virulence	2 days (1-4 days)
□	Influenza virus with zoonotic potential (e.g. avian and swine influenza)	2 days (up to 10 days)
□	Severe acute respiratory syndrome (SARS)	3-10 days
□	Middle East respiratory syndrome coronavirus (MERS-CoV)	2-14 days
□	Meningococcal disease	3-4 days (2-10 days)
□	Tuberculosis	
□	Measles	8-10 days (up to 19 days)
□	Viral haemorrhagic fevers	2-21 days
□	Other disease relevant for contact tracing:	

D. If the event is a public health risk, the following information needs to be collected upon arrival	
12. Name of ill traveller:	**13. Phone:**
14. Place of residence:	**15. E-Mail:**

16. Does the ill traveller suffer from an underlying condition? □ Yes □ No □ Unknown

16a.	If yes, which?
16b.	If yes, which medication has been taken?

17. Measures taken by crew   □ Isolation of ill passenger   □ Mask for ill traveller
□ Mask for crew member in charge   □ Gloves for crew member in charge   □ Oxygen
□ Medication, specify:

18. Where did the ill traveler stay during the flight (which seat/s, which area/s)**?**

19. Is any family member or someone else travelling with the ill traveller (same transports, visits, hotels)?
□ Yes □ No □ Unknown

19a.	If yes, seat numbers of other persons:

20. Number of crew members or passengers caring for the ill traveller (direct contact: touching the ill traveler, talking more than 15 minutes with the ill traveler):

20a.	If one or more, names of crew members or seat numbers of passengers:

21. Did the ill traveler lose any body fluids (e.g. blood, vomit, urine)**?**
□ Yes □ No □ Unknown

21a.	If yes, did any contamination occur? □ Yes □ No □ Unknown
21b.	If yes, state location and body fluid causing contamination (e.g. seat no. 2A contaminated with blood, rear left toilet contaminated with vomit)**?**

22. ADDITIONAL COMMENTS: