Form Approved OMB No. 0923-0051 Exp. Date 02/28/2021

Date	Start time	End time	_
Participant Name:			
Eligibility Screen	er Form		
\square Yes \rightarrow C \square No \rightarrow If	ontinue below	ate that the person is Engl t speak English, stop and s	, -
	ind out if you are eli ne recent [type of in	igible to take part in the [h cident].	ealth department]
date and time]. T		a map of the areas affecte re highlighted. From now o as "the incident."	-
[SHOW MAP]			
After reviewing a	map of the exposed	d area(s), ask respondents	the following question:
and time] ☐ Yes → ☐ No →	? Say to the responde time, I'd like to be investigation. Go to Say to the responde	time between [start date a ent: Now that we know you able to ask your consent to consent form. ent: Thank you for your timer questions. This person	u were in the area at that take part in our

Public reporting burden of this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS E-11 Atlanta, Georgia 30333; ATTN: PRA (0923-0051)