

FOREIGN COUNTRY TRAVEL INFORMATION (Page 1 of 2)

Full Name _____ SSN _____

This form remains attached to the DD Form 572 and is protected by the Privacy Act Statement as detailed on the DD Form 572.

PLEASE REFER TO THE COUNTRIES ASSOCIATED WITH A RISK FOR BSE IN THE BLOOD DONOR INFORMATION BINDER TO ANSWER QUESTIONS 1-3:

QUESTION 1 (CUMULATIVE UNITED KINGDOM TRAVEL) :		
From the beginning of 1980 through the end of 1996 , have you spent time that adds up to 90 days (3 months) or more in the United Kingdom (UK)?		
<input type="checkbox"/> YES , PLEASE CHECK BELOW	<input type="checkbox"/> NO , SKIP TO QUESTION 2	
<input type="checkbox"/> UNITED KINGDOM	<input type="checkbox"/> NORTHERN IRELAND	<input type="checkbox"/> SOUTH SANDWICH ISLANDS
<input type="checkbox"/> CHANNEL ISLANDS	<input type="checkbox"/> SCOTLAND	<input type="checkbox"/> ALDERNEY
<input type="checkbox"/> ENGLAND	<input type="checkbox"/> WALES	<input type="checkbox"/> GUERNESY
<input type="checkbox"/> FALKLAND ISLANDS	<input type="checkbox"/> SOUTH GEORGIA ISLANDS	<input type="checkbox"/> SARK
<input type="checkbox"/> GIBRALTAR		<input type="checkbox"/> JERSEY
<input type="checkbox"/> THE ISLE OF MAN		
INTERVIEWER USE ONLY		

QUESTION 2 (CUMULATIVE EUROPEAN/MIDDLE EASTERN TRAVEL) :		
From the beginning of 1980 through the end of 1996 , have you spent time that adds up to 180 days (6 months) or more in <u>Eastern or Western Europe</u> , or the Middle East?		
<input type="checkbox"/> YES , PLEASE CHECK BELOW	<input type="checkbox"/> NO , SKIP TO QUESTION 3	
<input type="checkbox"/> Eastern Europe	<input type="checkbox"/> Western Europe	<input type="checkbox"/> Middle East
INTERVIEWER USE ONLY		

QUESTION 3 (CUMULATIVE EUROPEAN/MIDDLE EASTERN TRAVEL) :		
From the beginning of 1980 to the present , have you spent time that adds up to five (5) years in <u>Eastern or Western Europe</u> , or the <u>Middle East</u> ? (Not to include the UK)		
<input type="checkbox"/> YES , PLEASE CHECK BELOW	<input type="checkbox"/> NO , SKIP TO QUESTION 4	
<input type="checkbox"/> Eastern Europe	<input type="checkbox"/> Western Europe	<input type="checkbox"/> Middle East
INTERVIEWER USE ONLY		

QUESTION 4:		
Have you been to any of the following countries since 1977?		
<input type="checkbox"/> YES , PLEASE CHECK BELOW	<input type="checkbox"/> NO , SKIP TO QUESTION 5	
<input type="checkbox"/> CAMEROON	<input type="checkbox"/> CHAD	<input type="checkbox"/> GABON
<input type="checkbox"/> CENTRAL AFRICAN REPUBLIC	<input type="checkbox"/> CONGO	<input type="checkbox"/> NIGER
<input type="checkbox"/> EQUATORIAL GUINEA	<input type="checkbox"/> NIGERIA	<input type="checkbox"/> SENEGAL
<input type="checkbox"/> BENIN	<input type="checkbox"/> TOGO	<input type="checkbox"/> ZAMBIA
<input type="checkbox"/> KENYA		
INTERVIEWER USE ONLY		

ADDITIONAL QUESTIONS ON REVERSE

