Ebola Exposure and Risk Assessment Tool

Demographic Information

First Name:_____   Last Name: _____   Date of Birth: ___/____/___

Country of Residence:_____   Country of Origin:_____   Language: _____

Address:_____   City: _____   State:_____

Phone 1: _____   Phone 2:_____

Exposure and Travel Information

1. **In the last 21 days, did the patient visit or reside in Guinea?**   □Yes □No

   If yes, when did the patient arrive in the United States? Date: ___/___/___ Location: _____
       Airline: _____ Flight Number: _____

2. **Starting with the latest departure date from one of the areas listed in question 1, calculate the 21 day symptom watch time period:**

    Impacted African country departure date + 21 days = Symptom watch period

   Departure Date:_____ + 21 days = Symptom watch period ends:_____

   - Was the patient given the Ebola monitoring Log?   □Yes □No
   - Public Health will conduct active surveillance for 21 days.

3. **If the symptoms watch period has not passed, instruct the patient to watch for the symptoms listed below:**
   - Fever or feel like you have a fever
   - Vomiting
   - Diarrhea
   - Abdominal pain
   - Joint pain or muscle aches
   - Headache
   - Weakness
   - Unexplained bleeding

4. **Risk factors for Ebola- Did the patient:**
   a. Provide patient care - have casual contact with someone who had confirmed/suspected Ebola in a healthcare setting?   □Yes □No
   b. Come into direct contact with the blood or other body fluids of someone with Ebola?   □Yes □No
   c. Process body fluids of a confirmed Ebola patient (e.g., laboratory worker)?   □Yes □No
   d. Handle, help prepare, or touch the body of a person who died or may have died from Ebola?   □Yes □No
   e. Have contact with a household member or other person exposed to someone ill with Ebola?   □Yes □No
   f. Handle bats, rodents or primates from an Ebola endemic area?   □Yes □No

5. **Are there any family members, household members, or visitors who have visited or resided in Guinea in the last 21 days?** □Yes □No   If yes, list their name, relationship, age and travel history:

Name	Relationship	Age	Country	Date arrived in U.S.

Please notify Disease Control at: (951) 358-5107- After Hours: (951) 782-2974 and request to speak with the Public Health second call Duty Officer. Fax completed form to (951) 358-5102.