Form Approved
OMB No. 0920-XXXX
Exp. Date XX/XX/20XX

Person Under Investigation (PUI) for Ebola Form – United States

State/Local ID: _____

CDC ID: _____

Instructions: Please complete the following form for each person under investigation for Ebola virus disease. If the person tests positive for Ebola, please use the please use information gathered from this form to populate the Ebola Virus Disease Case Investigation Form – United States form (Form 1).

Ebola Virus Disease - Person Under Investigation (PUI) Form

I. Patient Information

Date of form completed : MM / DD / YYYY Date PUI identified: MM / DD / YYYY

Form Administrator

Name (Last, First): _____ Affiliation: _____

City: _____ State: _____ Zip: _____County: _____

Phone number: _____ Email address: _____

Patient Information

Patient Name (Last, First): _____ Sex: • Male • Female

Date of birth: MM / DD / YYYY Age Group: • Adult • Pediatric (<18 years) Age: _____

Citizenship:_____ Country of Residence: • U.S. • Other (specify): _____

Number of household contacts: _____

Patient Hospitalization Is the patient currently admitted to a hospital? • Yes • No Date of admission: MM / DD / YY

Facility Name:_____ City: _____ State: _____

Physician Name (Last, First): _____ Contact Information: _____

Is the patient being treated under isolation precautions? • Yes • No Date of isolation: MM / DD / YY

Was the patient transferred from a previous health care facility? • Yes • No

Facility Name:_____ City: _____ State: _____

II. Medical History and Symptom Onset

Medical History:

Have you experienced any of the following symptoms?	If yes, date symptom began (___/___/____)
• Fatigue	
• Fever/Feverish Temp:_____	
• Headache	
• Stomach pain	
• Muscle pain	
• Diarrhea	
• Unexplained bruising/bleeding	
• Vomiting	
• Other:	

III. Epidemiologic Risk Factors

1. Have you had contact with a suspect or known case of Ebola in the 3 weeks before you became ill?
   • Yes • No • Unknown
   If yes, name: _____
   State/Local ID: _____ CDC ID: _____
   If yes, please describe:

2. Did you travel outside the United States in the 3 weeks before becoming ill? • Yes • No
   Country (1) : _____
   MM / DD / YYYY to MM / DD / YYYY
   Country (2) : _____
   MM / DD / YYYY to MM / DD / YYYY

3. Did you provide health care for any known/ suspect cases of Ebola? • Yes • No
   If yes, please describe:

IV. Laboratory Testing

Test 1

Originating Facility: _____ City: _____State: _____

Point of Contact: _____

Phone Number: _____ E-mail: _____

Where was testing performed? • LRN: _____ • CDC

Specimen ID: _____

Test Performed (PCR, BioFire Defense FilmArray): _____ Test Date: MM / DD / YYYY

Result: • Positive • Negative • Inconclusive Result Date: MM / DD / YYYY

Test 2

Originating Facility: _____ City: _____State: _____

Point of Contact: _____

Phone Number: _____ E-mail: _____

Where was testing performed? • LRN: _____ • CDC

Specimen ID: _____

Test Performed (PCR, BioFire Defense FilmArray): _____ Test Date: MM / DD / YYYY

Result: • Positive • Negative • Inconclusive Result Date: MM / DD / YYYY

Test 3

Originating Facility: _____ City: _____State: _____

Point of Contact: _____

Phone Number: _____ E-mail: _____

Where was testing performed? • LRN: _____ • CDC

Specimen ID: _____

Test Performed (PCR, BioFire Defense FilmArray): _____ Test Date: MM / DD / YYYY

Result: • Positive • Negative • Inconclusive Result Date: MM / DD / YYYY

Test 4

Originating Facility: _____ City: _____State: _____

Point of Contact: _____

Phone Number: _____ E-mail: _____

Where was testing performed? • LRN: _____ • CDC

Specimen ID: _____

Test Performed (PCR, BioFire Defense FilmArray): _____ Test Date: MM / DD / YYYY

Result: • Positive • Negative • Inconclusive Result Date: MM / DD / YYYY