Form Approved

OMB No. 0920-XXXX

Exp. Date XX/XX/20XX

**Ebola Virus Disease (Ebola) Contact Tracing Form – United States**

State/Local ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CDC ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**: Please complete the following form for each contact of an Ebola case. Use the “Notes” portion of each section to record additional information about potential exposures or other information that may aid the investigation. If the contact is a health care worker, please use information gathered from the ***Ebola Tracking Form for Healthcare Workers with Direct Patient Contact*** or other applicable questionnaires to assist with assessing overall exposure history and PPE use.

Public reporting burden of this collection of information is estimated to average 10 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

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| 1. **Interview Information** |
| Date form completed : MM / DD / YYYY  **Interviewer Information**  Interviewer Name (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State/Local Health Department (HD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Informant Information**  Who is providing information for this form?  Contact  Other Name (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason contact unable to provide information:  Contact is a minor Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was this form administered via a translator? □ Yes □ No  *If yes*, in which language was this form administered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Translator Name (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notes: |

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| 1. **Ebola Case information (Case associated with contact)** |
| At the time of this report, what is the status of the person being investigated for Ebola?  □ Lab-confirmed □ Person Under Investigation (PUI) in US □ Suspected case (outside US) □ Probable case (outside US)  Date of illness onset of PUI or (suspected, probable or lab-confirmed) Ebola case: MM / DD / YYYY  Notes: |

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| 1. **Demographic and contact information** |
| **Patient Name** (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Sex**: Male Female  **Date of birth**: MM / DD / YYYY **Age**:\_\_\_\_\_\_\_\_\_\_ Pediatric (<18 years old) contact? Yes No  **Citizenship:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Country of residence**: United States Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Contact Information**  **U.S. residence**  Home Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Non-U.S. residence *(if primary residence is not US)***  Home Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/Village: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/County/District/Prefecture: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Occupational information**  Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Business/Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor name (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite. # \_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Do you have any pets in your household?:**  Yes No  *If yes,* provide species and number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Notes:** |

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| 1. **Exposure history** |
| 1. Did you have contact with an Ebola case or a PUI OR the blood or body fluids of an Ebola case or PUI outside of a healthcare setting?  Yes (Complete Part A [Community contact]) No  2. Do you work in a healthcare setting and have contact with an Ebola case or a PUI OR the blood or body fluids of an Ebola case or PUI through your work?  Yes No  ***If yes***, which of the following best describes your occupation?  Health Care Worker (Complete Part B) Laboratory Worker (Complete Part C)  Environmental Decontamination/Cleaning Staff (Complete Part D) |
| **A. Contact with a confirmed or suspected case of Ebola outside of a health care setting (community contact)** |
| 1. What is your relationship to the Ebola case or PUI? *Choose one.*  Partner/spouse Family member Co-worker Friend/acquaintance  Classmate Visited same healthcare facility/care area as Ebola patient  Neighbor/community member Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Please list each date of contact with the Ebola case or PUI and describe that contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Do you live in the same house as the Ebola case or PUI? Yes No  4. Did you have any casual contact with an Ebola case or PUI (brief interaction, such as walking by him/her or being in the same room for a very short period of time) in which you did not directly touch him/her?  Yes No Unknown *If yes*, list each date of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. Did you have any contact with blood or body fluids from the Ebola case or PUI while he/she was ill (including contact with contaminated objects or surfaces such as bedding or clothing)?  Yes No Unsure  *If yes*, what body fluids were you in contact with, and what was the most recent date you had contact? *Check all that apply.*  Blood Feces Vomit Urine Sweat  Tears Respiratory secretions (e.g. sputum, nasal mucus) Saliva  Semen or vaginal fluids Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List each date of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6. Were you within approximately 3 feet of the Ebola case or PUI or in his/her room or care area for a prolonged period of time (at least one hour) while he/she was ill?  Yes No Unknown *If yes*, list each date of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  7. Did you share a bathroom or use the same tub or toilet as an Ebola case or PUI while he/she was ill?  Yes No Unknown *If yes*, list each date of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8. Did you perform any caregiving activities or household assistance for an Ebola case or PUI (helping to bathe or feed the case; washing clothes or dishes)?  Yes No Unknown *If yes*, list each date of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. Did you share transport with an Ebola case or PUI (car, bus, plane, taxi, etc.)?  Yes No Unknown  *If yes*, please provide for **all** shared transport: Date of Travel: MM / DD / YYYY  Name of airline and flight number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transit Points: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notes: |
| **B. Health Care Worker Exposure** |
| 1. What is your specific health care-associated job?   Doctor Nurse Clinical Assistant/Technician Volunteer Admin. position Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Please list each date of contact with the Ebola case or PUI and provide a description of that contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Did you have any casual contact with an Ebola case or PUI (brief interaction, such as walking by him/her or being in the same room for a very short period of time) in which you did not directly touch him or her?  Yes No Unknown  *If yes*, list each date of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Did you have contact with blood or body fluids of an Ebola case or PUI while he/she was ill (including contact with contaminated objects or surfaces such as bedding or clothing), including while you were wearing PPE?  Yes No Unknown  *If yes*, list each date of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If yes*, what body fluids were you in contact with? *Check all that apply.*  Blood Feces Vomit  Urine Sweat Tears Saliva Respiratory secretions (e.g. sputum, nasal mucus) Semen or vaginal fluids Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    *If yes*, what PPE did you use on these occasions? *Check all that apply.*  None Gown (impermeable)  Facemask N95 mask or other respirator Eye protection (goggles or face shield) Body suit  Gloves Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If PPE was used*, did someone watch you **put on the PPE** each time? Yes No Unknown  *If PPE was used*, did someone watch you **take off the PPE** each time? Yes No Unknown  *If PPE was used*, did someone watch you **caring for the patient** each time? Yes No Unknown  5. Were you within approximately 3 feet of an Ebola case or PUI or n his/her room or care area for a prolonged period of time (at least one hour)? Yes No Unknown  *If yes*, list each date of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If yes*, what PPE was worn on these occasions? *Check all that apply.*  None Gown (impermeable)  Facemask N95 mask or other respirator Eye protection (goggles or face shield) Body suit  Gloves Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If PPE was used*, did someone watch you **put on the PPE** each time? Yes No Unknown  *If PPE was used*, did someone watch you **take off the PPE** each time? Yes No Unknown  *If PPE was used*, did someone watch you **caring for the patient** each time? Yes No Unknown  6. Did you have any direct contact with an Ebola case or PUI (e.g. shaking hands) no matter how brief, including while you were wearing PPE? Yes No Unknown  *If yes*, list each date of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If yes*, what PPE was worn on these occasions? *Check all that apply.*  None Gown (impermeable)  Facemask N95 mask or other respirator Eye protection (goggles or face shield) Body suit  Gloves Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If PPE was used*, did someone watch you **put on the PPE** each time? Yes No Unknown  *If PPE was used*, did someone watch you **take off the PPE** each time? Yes No Unknown  If PPE was used, did someone watch you **caring for the patient** each time? Yes No Unknown  **Please provide additional information, particularly on any possible blood or body fluid exposure:** |
| **C. Laboratory Worker Exposure** |
| 1. What body fluids were you in contact with? *Check all that apply.*   Blood Urine Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Please list all dates of blood/body fluid exposure:  |  |  | | --- | --- | | **Fluid** | **Date(s) of exposure** | | Blood |  | | Urine |  | | Other (specify) |  | | Other (specify) |  | | Other (specify) |  |  1. What PPE was worn on these occasions? *Check all that apply.*  None Gown (impermeable)   Facemask N95 mask or other respirator Eye protection (goggles or face shield) Body suit  Gloves Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If PPE was used*, did someone watch you **put on the PPE** each time? Yes No Unknown  *If PPE was used*, did someone watch you **take off the PPE** each time? Yes No Unknown  **Please provide additional information, particularly on any possible blood/body fluid exposure:** |
| **D. Environmental Exposure** |
| 1. Which aspects of the patient care environment did you clean or decontaminate? *Check all that apply.*   General room or area (including floors, walls, furniture)  Linens (including patient clothing, sheets, pillows, towels)  Patient care equipment (including bedside commode, IV or urinary catheter tubing, intubation equipment)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. What body fluids were you in contact with? *Check all that apply.*  Blood Feces Vomit   Urine Sweat Tears Respiratory secretions (e.g. sputum, nasal mucus) Saliva Semen or vaginal fluids Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Please list all dates of blood/body fluid exposure:  |  |  | | --- | --- | | **Fluid** | **Date(s) of exposure** | | Blood |  | | Urine |  | | Feces |  | | Vomit |  | | Sweat |  | | Tears |  | | Respiratory secretions |  | | Saliva |  | | Semen |  | | Vaginal Fluids |  | | Other (specify) |  | | Other (specify) |  |  1. What PPE was worn on these occasions? *Check all that apply.*  None Gown (impermeable)   Facemask N95 mask or other respirator Eye protection (goggles or face shield) Body suit  Gloves Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If PPE was used*, did someone watch you **put on the PPE** each time? Yes No Unknown  *If PPE was used*, did someone watch you **take off the PPE** each time? Yes No Unknown  **Please provide additional information, particularly on any possible blood/body fluid exposure:** |

**Follow-up Actions *(choose one)***

*For the most recent Table: Summary of CDC Interim Guidance for Monitoring and Movement of People Exposed to Ebola Virus, visit* [*http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html#table-monitoring-movement*](http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html#table-monitoring-movement)*.*

No further follow-up required. **No identifiable risk** or exposure was >21 days ago.

Active monitoring recommended (for some asymptomatic **Low (but not zero) risk** exposures only)

Last exposure date: MM / DD / YYYY Last day of monitoring: MM / DD / YYYY

Who will conduct the follow-up for symptom monitoring?

Name/Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct active monitoring recommended (for asymptomatic **High risk** or **Some risk** exposures or some asymptomatic **Low (but not zero) risk** exposures)

High risk exposure  Some risk exposure  Low (but not zero) risk exposure

Last exposure date: MM / DD / YYYY Last day of monitoring: MM / DD / YYYY

Who will conduct the follow-up for symptom monitoring?

Name/Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rapid isolation, notification of public health authorities, and medical evaluation are recommended. Respondent has had **High risk, Some risk,** or **Low (but not zero)** exposure and has fever, severe headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bleeding or bruising within 21 days of contact with the suspect/known case of Ebola or the blood/body fluids of a suspect/known case of Ebola.

Highest temperature recorded: \_\_\_\_\_\_\_\_°F

Fever onset date: MM / DD / YYYY

Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will the patient be medically evaluated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES:**