\*\*\*Note: If interviewee is determined to have a fever ≥101.5° F, immediately call EOC at 770.488.7100.

Date of initial interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_ Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Plans through insert date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers- home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle flight(s) interviewee worked or flew on: [Complete flight information]

[Complete second flight information]

1. Did the interviewee serve in the area where the ill passenger was seated?  Yes  No
2. Did the interviewee have any interactions with the sick passenger?  Yes  No

If yes, please describe this event, including duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did interviewee have direct contact with body fluids of any passengers during the flight(s)?

Yes  No (If no, skip to question 4)

If yes, describe the contact including location & the passenger(s) involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, which body fluids did interviewee come into contact with? (Check all that apply)

Tears  Saliva  Respiratory secretions (cough and sneeze droplets)

Vomit  Urine  Blood  Stool  Sweat

If yes, did these fluids come in contact with the interviewee’s:

Intact skin

Broken skin (fresh cut or scratch which bled within 24 hours before the contact; burn or abrasion that had not dried)

Mucous membrane contact (eyes, nose or mouth)

Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were there any incidents during or after the flight that the interviewee can recall when other crew or passengers were in contact with a person’s blood and/or body fluids?

Yes  No

If yes, please describe situation and location in the plane: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What protective equipment (i.e. gloves, face mask) was the interviewee wearing if he/she was involved in cleaning the cabin? (NA if not involved in cleaning)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please check all symptoms interviewee has had since flight:

Fever ≥101.5° F  Sore throat  Body aches/muscle pain  Headache

Abdominal pain  Vomiting  Diarrhea  Weakness

Rash  Hiccups  Unusual bleeding (e.g. from gums, eyes or nose)

1. Has interviewee travelled in any of the following countries within the last 21 days (check all that apply)?  Sierra Leone  Guinea  Liberia  Nigeria

If any of the above countries are selected, please notify CDC by calling EOC. Contact will need to complete additional brief interview with CDC SME involving in-country exposure risk.

------------------------------------------------------------------------------------------------------------------------------- **Classification of interviewee risk** (Consult the CDC to classify each contact after interview. Refer to <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html> for additional information):

High Risk: The index case’s body fluids came in contact with the interviewee’s bare skin or mucous membranes (eyes, mouth, nose)

Some Risk: Interviewee had close contact\* with the index case but not body fluids; or was only exposed on protected areas of the body (e.g. on hands while wearing gloves).

No Known Risk: Interviewee did not have some risk or high risk exposures above. (This may include passengers who were seated within 3 feet of the passenger for only a short amount of time, consult CDC.)

**Follow-up Actions:**

Ebola information distributed

Fever watch: For all contacts regardless of classification of risk, provide fever watch form that should be reviewed at least weekly.

Referred for medical evaluation due to presence of symptoms. If yes,

Where were they referred? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the outcome? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declined medical evaluation after it was recommended

Was interviewee placed under conditional release?  Yes  No

Was interviewee placed under state issued quarantine order?  Yes  No

**Final Disposition:**

Was interviewee contacted again after [Fill in the date of the last day of the incubation period]?

Yes, Date of second interview: \_\_\_\_\_\_\_\_\_\_  No

If yes, did interviewee develop any symptoms of Ebola between the time of flight and [Fill in date]?  Yes  No

If yes, please describe the symptoms, timing, and outcome of medical evaluation below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluating healthcare provider name/phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_

\* Close contact is defined as a) being within approximately 3 feet (1 meter) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., droplet and contact precautions–see Infection Prevention and Control Recommendations); or b) having direct brief contact (e.g., shaking hands) with an EVD case while not wearing recommended personal protective equipment (i.e., droplet and contact precautions–see Infection Prevention and Control Recommendations). At this time, brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.