**INITIAL EBOLA SCREENING SCRIPT**

***Symptoms***

1) Today or in the past 2 days, have you had any of the following symptoms?

* Fever (100.4° F / 38° C or higher) or feeling feverish
* Vomiting or diarrhea
* Unexplained bleeding or bruising

***Exposure***

2) In the last 21 days, while in Uganda did you:

A. Have any contact with or were you around a person sick with Ebola, or a person who was sick with or died of an unknown sickness?

B. Have any exposure to blood or other body fluids?

C. Touch a dead body or attend a funeral?

***Temperature Check***

3) Take and record temperature

***Verify Contact Data***

4) Verify or record (when available):

1. Name
2. Email
3. US Address
4. Cell #

E. Emergency contact #

***Provide EVD Information***

5) Ensure entrants have appropriate information on if they develop symptoms.