

## **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):

- A. Name
- B. Email
- C. US Address
- D. Cell #
- E. Emergency contact #

### ***Provide EVD Information***

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