**PUBLIC HEALTH ASSESSMENT****FOR TRAVELERS FROM EBOLA OUTBREAK-AFFECTED COUNTRIES**

*When to use this form: This questionnaire is used for a traveler that is referred following the initial screening process (i.e., visibly ill, elevated measured temperature ≥100.4°F/38°C, or yes to a screening question.)*

*Instructions to Q-station staff: Read the following risk assessment questions to the traveler. We are interested in the highest level of exposure the traveler has experienced****.*** *Get a description of any high-risk activities identified. NOTE: “person with Ebola” includes confirmed or suspect cases.*

**Reason for referral**:

[ ]  Visibly ill

[ ]  Elevated temperature (Recorded temperature: \_\_\_\_\_ oF)

[ ]  Yes, to any symptoms

[ ]  Yes, to exposure questions: Circle which question: **A B C**

**Tell the traveler:** You were referred for public health assessment because we need to investigate further to determine if you had a possible exposure to the Ebola virus. I am going to ask you a few questions to get more information. This will help us decide if you need additional evaluation.

All questions refer to your experiences in [outbreak country] over the **last 21 days**.

1. Were you in contact with or around a person with Ebola or a person who was sick with or died of an unknown illness?

 [ ]  Yes [ ]  No

* 1. If **YES**, which one?

 [ ]  Person with Ebola

 [ ]  Person with an unknown illness (List district: \_\_\_\_\_\_\_\_\_\_\_\_\_)

 [ ]  Person who died of an unknown illness (List district: \_\_\_\_\_\_\_\_\_\_\_\_\_)

* 1. If **YES**, what type of contact?
		1. Stayed in the same residence as the person while the person was sick? [ ]  Yes [ ]  No
		2. Provided direct care to the person? [ ]  Yes [ ]  No

If **YES**, check one: □ Healthcare (*complete additional questions below*) or □ Home (or another non-healthcare setting)

Have other direct contact with the person? [ ]  Yes [ ]  No

* + 1. Was near (within 3 feet/1 meter) the person but had no physical contact. [ ]  Yes**+** (Duration: \_\_\_\_\_\_\_\_\_\_) [ ]  No
1. Were you ever exposed to the blood or other body fluids (including feces, saliva, sweat, urine, vomit, sputum, breast milk, tears, or semen) of a person with Ebola or an unknown illness?
	1. If **YES** which one?

 [ ]  Person with Ebola

 [ ]  Person with an unknown illness (List district: \_\_\_\_\_\_\_\_\_\_\_\_\_)

 [ ]  Person who died of an unknown illness (List district: \_\_\_\_\_\_\_\_\_\_\_\_\_)

1. Did the exposure include:
	* 1. Getting stuck with a needle or other sharp object? [ ]  Yes [ ]  No
		2. Splashing blood or body fluids in the eye, nose, or mouth? [ ]  Yes [ ]  No
		3. Direct skin contact with the ill person’s blood or body fluids? [ ]  Yes [ ]  No
2. Did you have any exposure to dead bodies? [ ]  Yes [ ]  No
	1. If **YES**, was the person known to have Ebola? [ ]  Yes [ ]  No (List district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)
	2. If **YES** (to exposure to dead bodies), what type of exposure?
		1. Touched a dead body? [ ]  Yes [ ]  No
		2. Prepared a body for burial? [ ]  Yes [ ]  No
		3. Touched any items that had been in contact with a dead body? [ ]  Yes [ ]  No
		4. Worked as a burial worker? [ ]  Yes [ ]  No
			1. If **YES** (to burial worker): Did you wear personal protective equipment (including gloves, gowns, masks, and eye protection) at ALL times? [ ]  Yes [ ]  No

**Healthcare-specific questions:**

1. During all encounters with a patient with Ebola, did you wear the recommended personal protective equipment (gloves, gown, mask, and eye protection)?[ ]  Yes [ ]  No
2. If **NO** (to PPE use):
	* 1. Did you have any physical contact with the person with Ebola? [ ]  Yes [ ]  No

If **NO** physical contact, were you within 3 feet (1 meter) of the person with Ebola? [ ]  Yes**+** (Duration: \_\_\_\_\_\_\_\_\_) [ ]  No

1. Did you have **unprotected exposure** to any of the following? *Unprotected exposure means without the use of the recommended personal protective equipment (gloves, gown, mask, and eye protection) or experiencing a breach in infection control precautions.*
	1. Blood or other body fluids (including feces, saliva, sweat, urine, vomit, sputum, breast milk, tears, or semen) of a person with Ebola? [ ]  Yes [ ]  No
	2. A person who died of suspected or known Ebola or of an unknown cause?

 [ ]  Person with Ebola

 [ ]  Person who died of an unknown illness (List district: \_\_\_\_\_\_\_\_\_\_\_\_\_)

All **YES** answers indicate a **HIGH-RISK** exposure, except for those indicated with a **+**

**Please describe all known or potential exposures for any of the above answers.**

Exposure date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of exposure(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of the exposure(s):

Exposure date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of the exposure:

Exposure date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of the exposure:

**Exposure risk assessment:**

[ ]  High-risk (Any **YES** except if no physical contact is reported)

[ ]  No known high-risk exposure but may have had a lower-risk exposure (Answered **YES** to either “no physical contact” question indicated with **+).** *Further assessment is needed.*

[ ]  No known exposure (Answered **NO** to all questions).

**Health status assessment:**

[ ]  Symptomatic

[ ]  Asymptomatic

**Disposition:**

[ ]  Transfer to hospital for isolation and medical evaluation

[ ]  Quarantine/conditional release

[ ]  Cleared to continue travel