**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