

2026 Ebola-BVD Response: INITIAL Public Health Assessment (IPHA)

For port health station staff and deployers assessing travelers arriving from DRC, Uganda, or South Sudan (required fields in **bold**)

Date/time start:	POE/PHS:	Screening Area:	CDC User ID of Screener:
A. Immediate illness check and symptom screen			
Observe for signs of illness before beginning questions. If signs of serious illness consistent with Ebola are present, move passenger immediately to FPHA/secondary assessment area.			
Screening item	Yes	No	
Body temperature: °F			
Visible signs of illness (if not those below, then describe)?	☐	☐	
Today or in the past 2 days: Fever (100.4°F / 38°C or higher), feeling feverish, or chills?	☐	☐	
New or unusual headache or body aches?	☐	☐	
Vomiting or diarrhea?	☐	☐	
New or unusual bleeding unrelated to injury?	☐	☐	
B. Presence in affected countries and locations in the past 21 days:			
☐ DRC ☐ Uganda ☐ South Sudan ☐ Transited through DRC (airport transfer only) ☐ Transited through Uganda (airport transfer only) ☐ Transited through South Sudan (airport transfer only) ☐ None (explain:) Cities / provinces / health zones visited:			
Operational Guidance: Do not ask the question below of the traveler. Use the information you learned above to answer it.			
In area of concern: ☐ Yes ☐ No (Check yes if traveler was in DRC. Check no if traveler was not in these areas).			
Date arrived in country:	Date departed country:	Resident of country? ☐ Yes ☐ No	
Main reason(s): ☐ Healthcare/clinical/lab ☐ Public health deployment (from another country/organization) ☐ Humanitarian service ☐ Business		☐ Faith-based ☐ Visit family/friends ☐ Tourism ☐ Resident/returning resident ☐ Other:	
C. Exposure screen - past 21 days while in an affected country, did you:			
Question	Yes	No	
1. Come into contact with anyone's blood, vomit, saliva, feces, urine, or other bodily fluid?	☐	☐	
2. Have contact with or spend time near a sick person who had fever or other sudden illness?	☐	☐	
3. Go into or work around any healthcare facility, hospital, clinic, or Ebola treatment unit, or visit a traditional healer?	☐	☐	
4. Work in a healthcare facility taking care of patients, cleaning or doing laundry, or handling waste from patients, or work in a lab collecting or handling patient samples?	☐	☐	
5. Touch the body of a dead person, prepare a body for burial, attend a funeral, or perform burial work?	☐	☐	
6. Have contact with a bat, monkey, or ape (alive, dead, or any dead body parts), or their body fluids?	☐	☐	
7. Go into a mine or a cave?	☐	☐	
D. Identifying information	E. Contact information	F. U.S. arrival and destination	
Last/family name: _____ First/given name: _____ Date of birth: _____ Passport country or area of issuance: _____ Passport number: _____	Email: _____ _____ Primary phone: + _____ Text? ☐ Yes ☐ No ☐ Unsure WhatsApp? ☐ Yes ☐ No ☐ Unsure Alt phone: + _____ Text? ☐ Yes ☐ No ☐ Unsure WhatsApp? ☐ Yes ☐ No ☐ Unsure	Airline (if maritime/land border write "other"): _____ Flight # (if maritime/land border write "0000"): _____ Date of U.S. arrival: _____ U.S. port of arrival: _____ State where traveler will spend next 1-5 days: _____ Street/city/state/ZIP: _____ _____ _____	
Comments/notes:			End date/time:

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