

Ebola Web Survey for Symptomatic Travelers

Please take a few minutes to confirm your location and answer some questions about the symptoms you are experiencing so we can connect you to a public health worker in your area. Your health and the health of your loved ones are important to us.

1. What is your current location? Enter your county/zip code.
2. Have you had a fever (100.4° F / 38° C or higher), felt feverish, or had chills? ☐ **Yes** ☐ No
3. Have you had new or unusual headache or muscle aches? ☐ **Yes** ☐ No
4. Do you have a rash? ☐ **Yes** ☐ No
5. Have you had chest pain? ☐ **Yes** ☐ No
6. Have you had a sore throat? ☐ **Yes** ☐ No
7. Have you had nausea, vomiting, or diarrhea? ☐ **Yes** ☐ No

SUBMIT [button]

[The following message will appear on the website after they click submit]

Thank you for providing this information. Please separate yourself from others (isolate). A public health worker will be in touch shortly to discuss your symptoms and provide recommendations.