

(Please return this front page to the doctor's office before scheduling procedure)

Ebola Virus Disease (EVD) Screening

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The Center for Disease Control (CDC) has issued a Health Alert Notice Advisory for all healthcare professionals to increase their vigilance to prevent Ebola transmission. The following is a screening tool, please answer all questions appropriately:

Name: _____

| QUESTIONNAIRE | NO | YES |
|--|----|-----|
| 1. Have you traveled to any affected West African Country (Ex. Liberia, Guinea, Sierra Leone) during the past 30 days? | | |
| 2. Have you had contact with anybody that has traveled to any affected West African Country during the past 30 days? | | |
| 3. Have you had contact with anybody that has Ebola or is suspected of having Ebola during the past 30 days? | | |
| 4. Are you experiencing any of the following symptoms? | | |
| ❖ Fever greater than 101.5°F | | |
| ❖ Headache | | |
| ❖ Joint aches (pain) | | |
| ❖ Muscle aches (pain) | | |
| ❖ Weakness | | |
| ❖ Fatigue | | |
| ❖ Diarrhea | | |
| ❖ Vomiting | | |
| ❖ Stomach pain | | |
| ❖ Lack of Appetite | | |
| ❖ Unexplained bleeding or bruising | | |
| ❖ Unexplained rash | | |

Patient Signature: _____ Date: _____

For office use only:

() Approved Comments: _____

Reviewed by: _____ Signature: _____ Date: _____