Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Privacy Act Statement on reverse side

1. In the previous 21 days, has the individual resided or traveled to any of the following countries in West Africa: Liberia, Sierra Leone, Guinea, or any region where Ebola Virus Disease (EVD) transmission is active?  Yes  No If yes, location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates of travel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. In the previous 21 days, has the individual had contact with a patient known or suspected to have EVD?

 Yes  No

If the answer to question 1 **AND** 2 is **NO**, the individual has **No Identifiable Risk** **of EVD**

If the answer to question1 **OR** 2 is **YES,** answer the following questions to assess **Risk of Exposure:**

|  |
| --- |
| **SOME RISK OF EXPOSURE:** within the past 21 days, has the individual: |
| 1. Had close contact\* with an EVD patient?

\*Close contact defined as **a)** being within 3 feet or within the room or care area for a prolonged period of time while not wearing recommended PPE; **b)** having direct contact (e.g. shaking hands) with an EVD case while not wearing recommended PPE. **At this time, brief interactions, such as walking by a person or moving through a hospital do not constitute close contact.** |  Yes  No |
| 1. Provided patient care or close contact without high-risk exposure with EVD patients in healthcare facilities in EVD outbreak affected countries?
 |  Yes  No |
| 1. Handled, butchered, or consumed dead primates, bats, rodents, or other wild animals in the previous 21 days where EVD transmission is active?
 |  Yes  No |
| 1. Has the individual worked or spent time in a mine/cave inhabited by bat colonies in the previous 21 days where EVD transmission is active?
 |  Yes  No |
|  **HIGH RISK OF EXPOSURE:** within the past 21 days, has the individual: |
| 1. Had a percutaneous, e.g. needle stick, or mucous membrane exposure to body fluids of an EVD patient?
 |  Yes  No |
| 1. Provided direct care of an EVD patient or exposure to body fluids without appropriate personal protective equipment (PPE) or with a breach in PPE?
 |  Yes  No |
| 1. Performed lab work processing body fluids of confirmed EVD patients without appropriate PPE or standard biosafety precautions or with a breach in PPE?
 |  Yes  No |
| 1. Participated in funeral rites or had other direct exposure to human remains in the geographic area where EVD transmission is active without appropriate PPE?
 |  Yes  No |
|  **CLINICAL SYMPTOMS** |
| 1. Does the patient show any of the following symptoms?  *Mark all that apply.*
 |  Yes  No |
| * + Fever ≥100.4°F or subjective fever Temp: \_\_\_\_\_\_\_°F/C

(Inquire about recent use of Tylenol, NSAIDs or other fever reducing meds) |  |
| Symptoms |  |  |  |
| * + Headache
	+ Joint and muscle ache
	+ Abdominal pain
	+ Weakness
	+ Diarrhea
 | * + Vomiting
	+ Lack of appetite
	+ Rash
	+ Red eyes
	+ Bleeding
 | * Hiccups
* Cough
* Chest pain
* Difficulty breathing
* Difficulty swallowing
 |  |
|  **RISK CATEGORY** *(Document Risk Category in Individual’s Medical Record)* |
|  **No known exposure****(yes to question 1 or 2 only)** | ***Asymptomatic:**** *Provide individual with EVD advisory*
* *No commercial travel and controlled movement for 21 days after leaving Ebola area*
* *Voluntary self-monitoring for fever and other symptoms for 21 days after leaving EVD-affected country*

***Symptomatic = Person Under Investigation with no known exposure**** *Isolate and implement infection control precautions (droplet and contact)*
* *Contact Infectious Disease or Preventive Medicine at MTF or Region, if not available at MTF*
* *Admit to MTF or civilian hospital all patients with fever using infection control precautions until a diagnosis is determined; consider admitting patients without fever, but who have other symptoms that could be consistent with EVD*
 |
|  **Some risk of exposure****(yes to ≥1 of questions 3-6)** | ***Asymptomatic:**** *Provide individual with EVD advisory and thermometer and instruct to monitor twice daily for fever and other symptoms for 21 days after leaving EVD-affected country*
* *No commercial travel and controlled movement for 21 days after leaving Ebola area*

 ***Symptomatic = Person Under Investigation with Low Risk Exposure**** *Isolate and implement infection control precautions (droplet and contact)*
* *Immediately contact Infectious Disease and Preventive Medicine at your MTF or Region, if not available locally*
* *Admit to MTF or civilian hospital all patients with fever using infection control precautions until diagnosis is determined;* *consider admitting patients without fever, but who have other symptoms that could be consistent with EVD*
 |
|  **High risk of exposure****(yes to ≥1 of questions 7-10)** | ***Asymptomatic:**** *Contact Infectious Diseases* ***and*** *PreventiveMedicine* ***immediately****.*
* *Admit to a CDC EVD treatment facility or DoD MTF EVD treatment facility\**

***Symptomatic = Person Under Investigation with High Risk Exposure**** *Isolate and implement infection control precautions (droplet and contact)*
* *Contact Infectious Disease at* ***and*** *Preventive Medicine* ***immediately***
* *Admit to a CDC EVD treatment facility or DoD MTF EVD treatment facility*
 |

**Reviewed By: Provider Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact numbers**:

Public Health Nursing (PHN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preventive Medicine (PM): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infectious Disease (ID): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asymptomatic contacts of EVD cases**:

\*MEDCOM recommends that asymptomatic individuals with high risk for exposure be admitted for observation at a CDC EVD treatment facility or DoD MTF designated as an EVD treatment facility (TBD pending NORTHCOM EXORD). Other asymptomatic contacts of EVD cases, should only be conditionally released, which includes self-monitoring of temperature twice daily and monitoring by the public health authority. Travel is permitted, but only with controlled movement for 21 days after last exposure to an EVD case.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force;

DoD Directive 6490.02E, Comprehensive Health Surveillance; AR 40-5, Preventive Medicine.

**PRINCIPAL PURPOSE(S):** Used by medical authorities and others with a requirement to conduct screening to record the travel history, potential exposures and any symptoms of illness in a person who has possibly been exposed to Ebola; and to determine exposure risk category.

**ROUTINE USE(S):** The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this

system. Information may be disclosed to aid in preventive health and communicable disease control programs and report medical conditions to

Federal, state and local agencies, required by law.

**DISCLOSURE:** Voluntary. However, failure to provide all the requested information may result in the improper treatment and care being administered to the patient.