

## Temperature Log

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Date departed Ebola-affected region: \_\_\_\_\_

Exposure: (e.g. direct contact with blood, casual contact) \_\_\_\_\_

Please monitor your temperature twice daily for 21 days from the time of your last potential Ebola exposure. Notify your public health authority of any planned travel during this time period. You should not utilize any commercial conveyance such as airplane, ship, or train. Contact [insert Preventive Medicine or other appropriate MTF POC information] prior to local travel in a bus or taxi. The purpose of this controlled movement is to minimize potential exposure to others should you become symptomatic and to ensure you have access to expedited medical evaluation, if needed.

Day	Date	Temperature	
		AM	PM
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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14			
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21			

- If you develop a fever  $\geq 38.6$  C or  $\geq 101.5$  F
  - Immediately call [insert contact information for MTF initial report, such as Preventive Medicine]
  - Proceed to the [provide clinic/location for initial evaluation]. Call first to notify them you are coming [include contact information]
  - If after hours, contact [insert MTF after hours contact information]
  
- If you develop any of the following symptoms, proceed to the [provide clinic/location for reporting] and notify them you are coming at [insert contact information].
  - Headache, joint and muscle aches, abdominal pain, weakness, diarrhea, vomiting, stomach pain, lack of appetite, rash, red eyes, hiccups, cough, chest pain, difficulty breathing, difficulty swallowing, or unexplained bleeding