32nd Street Surgery Center

EBOLA SCREENING QUESTIONS

1. **TRAVEL HISTORY**

Yes	No	
☐	☐	Have you traveled to an Ebola-affected area in the 21 days before illness onset? (*currently Liberia, Sierra Leone, and Guinea)*
☐	☐	Have you been in contact with anyone who may have traveled to an Ebola affected area in the last 30 days?

2. **FEVER OR OTHER SYMPTOMS**

Yes	No	
☐	☐	Do you have fever (100.4 F/38 C or above)?
☐	☐	Have you been running a fever at home before arrival to center?

Do you have compatible Ebola Virus Disease (EVD) symptoms such as:

Yes	No	
☐	☐	Headache
☐	☐	Weakness
☐	☐	Muscle pain
☐	☐	Vomiting
☐	☐	Diarrhea
☐	☐	Abdominal Pain
☐	☐	Hemorrhage

Patient Label