

**Screening Questionnaire for Individuals
Coming or Returning from West Africa
Updated by Washoe County Health District on 10/17/2014**

(This form should be filled out by agencies which are having international partners or having returned travelers from Ebola affected countries for business purposes)

Today's Date _____/_____/_____ Person who fills out this form _____

(Following questions should be asked to those individuals coming or returning from Ebola affected countries.)

Last Name _____ First Name _____ Gender: M F Age: ____ (years)

Best Contact Phone Number(s) _____

1. Are you a resident of Sierra Leone, Guinea, Liberia in West Africa?

YES NO

If yes, which country? (Specify _____) then skip to Question 3

2. Have you had recent travel within the last month to Sierra Leone, Guinea, Liberia in West Africa?

YES NO

If yes, which country? (Specify _____)

Travel date from _____ To _____

3. Have you been ill with any following symptoms within the past 3 weeks? (Y=Yes, N=No)

Fever Y N (If measured, max. temperature _____)

Severe Headache Y N

Muscle pain Y N

Weakness Y N

Vomiting Y N

Abdominal pain Y N

Diarrhea Y N

Unexplained hemorrhage Y N

If you have any of above symptom, please indicate the first symptom(s) you experienced _____

Onset date of first symptom _____

Individuals answering yes to question 1 or 2 and yes to any symptom in question 3 should IMMEDIATELY consult with a healthcare provider and report to Washoe County Health District at 775-328-2447. It is important to inform the healthcare provider about any symptoms and travel history before going to the medical facility. Individuals who have answered no to all of the questions in question 3 should continue to monitor their health status for fever or other symptoms for 21 days after arrival. Individuals should self-measure their temperature twice a day. Call their healthcare provider immediately once symptoms develop and notify WCHD immediately.