

Traveler name: _____

Screening Form for Travelers Returning from Ebola Affected Areas

I. TRAVELER INFORMATION

Interview Date: / / Time:		Interviewer:	
Interviewer phone Office:		Cell:	
Traveler Name	First:	Last:	
Traveler Address		Town:	State/Zip:
Traveler Phone	Home:	Work:	Cell:
Date of Birth: / /		Age:	Sex:
Race:	American Indian/Alaska Native Asian Black/African-American Native Hawaiian/Pacific Islander White Other _____	Ethnicity:	Hispanic/Latino Non-Hispanic/Latino
Occupation:	Workplace and address:		
US Citizen?	Yes No	If no, Country of Residence:	
Physician (if any):		Physician Phone:	

II. TRAVEL DETAILS

Country(s) Visited:		
Date left Country: / /	Date of arrival in US: / /	
What date did you arrive in [name country(s)]?		
Locations visited in [name country(s)]:		
Do you currently have, or had within the past 48 hours, symptoms of fever (either subjective or $\geq 100.4^{\circ}\text{F}$ or 38°C)* OR tiredness (fatigue), muscle pain, headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage?		
IF YES, STOP AND CALL DPH	↓	STOP
If NO, continue to questions below.		

*as of 10/27/14 CDC case definition for person under investigation:

1. Elevated body temperature or subjective fever or symptoms, including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; AND
2. An epidemiologic risk (<http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html>) factor within the 21 days before the onset of symptoms.

[Case Definition for Ebola Virus Disease \(EVD\) | Ebola Hemorrhagic Fever | CDC](#)

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II. TRAVEL DETAILS (CONTINUED)

What was the reason for your travel to (NAME COUNTRY)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Resident of Country | <input type="checkbox"/> Visiting friends/family | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Work (if checked,
type of work): | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Humanitarian Aid – not Healthcare Related |
| | <input type="checkbox"/> Journalist/Photographer/Related field | |
| | <input type="checkbox"/> Other (specify) _____ | |
| <input type="checkbox"/> Other (specify) _____ | | |

Please describe your activities while you were in [NAME COUNTY(S)]. Include your work duties, daily activities, proximity to Ebola patients and any precautions taken, how you traveled in country such as by private car or bus, etc.. I'll get a general sense of your activities here and ask some specific questions about your specific risk for Ebola in a minute.

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IV. CONNECTICUT ACTIVITIES AND HOUSING

1. What is the reason for your being in Connecticut? <input type="checkbox"/> Resident of CT <input type="checkbox"/> Visiting friends/family <input type="checkbox"/> Tourism <input type="checkbox"/> Traveling to CT for Work Type of work and workplace address: <input type="checkbox"/> Other (specify) _____
2. Please describe your activities while you will be in Connecticut. Include your work duties, daily activities, transportation.
3. Do you have plans to travel within in the next 21 days? Yes NO If yes, where and on what date(s)? _____
4. Is this address [name address listed above] where you intended to stay for the next 21 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the other address? _____
5. What type of housing is at this address? <input type="checkbox"/> Single family house <input type="checkbox"/> Apartment/condo w/ private entrance <input type="checkbox"/> Apartment/condo w/shared entrance <input type="checkbox"/> Multi-family house <input type="checkbox"/> Hotel <input type="checkbox"/> Dormitory <input type="checkbox"/> Other: <i>specify</i> _____
6. Other relevant housing details: (e.g., size of dwelling, number of bedrooms/bathrooms, etc.)
7. Who else currently lives at this address and/or is expected to stay at the residence within the next 21 days? Please provide names, ages, and indicate whether each individual was in [name country] also.
8. Are there any pets at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, specify number and type of pet(s)</i>
9. In the event that you are asked to remain home for the 21 day monitoring period, please let us know of any anticipated financial, social service, and educational needs (e.g., loss of wages, paying for food and shelter, presence/absence of someone to deliver food and other necessities, children in school, laundry, etc.)

****At conclusion of screening interview, tell traveler to expect twice daily calls from the local health department for fever/symptom monitoring. However, emphasize the need to notify local health department any time fever/symptoms are noted rather than waiting for the next daily monitoring calls.****