

COVID/EBOLA VIRUS DISEASE Screening Questionnaire

STAFF SECTION

1. In the **past 3 weeks** have you experienced any of the following?,

	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Abdominal Pain	_____	_____	_____
Breathing Difficulty	_____	_____	_____
Chills	_____	_____	_____
Cough	_____	_____	_____
Diarrhea	_____	_____	_____
Fatigue/Malaise/Weakness (new)	_____	_____	_____
Fever	_____	_____	_____
Nausea	_____	_____	_____
Nasal Discharge	_____	_____	_____
Rash	_____	_____	_____
Sore Throat	_____	_____	_____
Shortness of Breath	_____	_____	_____
Other: _____	_____	_____	_____

2. In the **past 3 weeks** have you traveled through or had close contact with anyone who has traveled through any of the following West African areas or any areas with active COVID or Ebola illness cases?

	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Democratic Republic of Congo	_____	_____	_____
Guinea	_____	_____	_____
Liberia	_____	_____	_____
Nigeria	_____	_____	_____
Sierra Leone	_____	_____	_____
OTHER: _____	_____	_____	_____

3. If **contact with others** (as above), **what type?**,

- Direct physical contact
- Co-worker
- Co-traveler
- Roomed together
- Other: _____

4. Was the above **contact person ill?**

- Symptoms: _____
- Diagnosis: _____

5. In the past 3 weeks have you eaten "bush meat" (raw meat delicacy from West Africa)?

6. **Notify** the physician and nurses **immediately (verbally)** of the above to receive further instructions.

7. Have you received COVID vaccine?

When?: _____

8. Have you been diagnosed with _____ COVID-19?
 _____ Ebola virus?

Patient Signature

When/Where?: _____

Printed Name

Date

PHYSICIAN SECTION

PHYSICIAN ACTIONS

____ Advise patient to go to the hospital emergency department and to **call ER staff to warn them Ebola virus disease** is a consideration and to get instructions on how to enter their facility (**do not enter the ER facility**/waiting area without specific instructions).

____ If they are able to do so physically, tell them to **drive themselves to the ER** and to avoid contact with anyone else.

____ Schedule appointment with physician: _____ / _____

____ OTHER: _____ Date/Time

Physician Signature
Edward R. Rensimer, MD, FACP

Date