Indiana State Department of Health

Date: ___/___/___

Risk Assessment for Travelers Returning from Guinea, Liberia, and/or Sierra Leone

Traveler's name:	Address:
Place of Employment:	Job Title:
Home phone:	Cell phone:

Have you traveled internationally (i.e., Guinea, Liberia, and/or Sierra Leone) in the past 21 days? If so, list the city/country with dates of visit:

City/Country: _____ from: ___/___/___ to ___/___/___

City/Country: _____ from: ___/___/___ to ___/___/___

City/Country: _____ from: ___/___/___ to ___/___/___

City/Country: _____ from: ___/___/___ to ___/___/___

What was the purpose of your visit and what did you do on your visit? Who traveled with you?

Please answer the following questions regarding your visit to the above cities/countries (include dates/locations):

☐ Yes ☐ No	Did you have direct contact or close contact (within 3 feet) with blood/body fluids of a known/suspect EVD patient or patient with febrile illness? If yes, describe:
☐ Yes ☐ No	Did you visit any hospitals or healthcare facilities? If yes, describe:
☐ Yes ☐ No	Did you provide healthcare for patients with febrile illness or handle human remains or laboratory specimens of any known/suspect EVD patients? If yes, describe:
☐ Yes ☐ No	Did you handle/have contact with bats, rodents, or primates (i.e., apes/monkeys) or consume bushmeat? If yes, describe:
☐ Yes ☐ No	Are you taking any medication? If yes, list with dates of intake:

Check any of the following symptoms that you have experienced within 21 days of visiting the above areas:

☐ Fever	☐ Myalgias	☐ Vomiting	☐ Headache
☐ Malaise	☐ Abdominal Pain	☐ Diarrhea	☐ Sore throat

Date(s) & approximate time(s) that symptom(s) started:

Health Assessment

Evaluators: For symptomatic persons who present in outpatient settings, 1) don available PPE, 2) isolate individual in a private room, and 3) immediately contact ISDH. Limit individual's movement and contact with others.

Thermometer use: Forehead thermometer strips may be used. If an oral thermometer is used, clean with a disposable wipe, soak in disinfectant for 10 minutes, and let air-dry after use.	Temp: _____ °F

☐ This person traveled to Guinea, Liberia, and/or Sierra Leone in the past 21 days. He/she denies risk factors for exposure to Ebola virus and has no symptoms.

1. Local health department will monitor person for symptoms twice daily for 21 days via Skype or in-person
2. Notify ISDH
3. Notify supervisor

☐ This person traveled to Guinea, Liberia, and/or Sierra Leone in the past 21 days and has 1 or more risk factors for exposure to Ebola, but no symptoms.

1. Notify local health department and ISDH
2. Notify supervisor
3. Remove person from work, school, etc. and monitor for symptoms twice daily through 21 days after his/her last exposure (21 days after he/she left affected country if date of exposure is unknown)

☐ This person traveled to Guinea, Liberia, and/or Sierra Leone in the past 21 days. He/she denies risk factors for exposure to Ebola virus but has 1 or more symptom(s).

1. Isolate on-site immediately
2. Notify local health department and ISDH
3. Notify supervisor

☐ This person traveled to Guinea, Liberia, and/or Sierra Leone in the past 21 days, has 1 or more risk factors for exposure to Ebola, and has 1 or more symptom(s).

1. Isolate on-site immediately
2. Notify local health department and ISDH
3. Notify supervisor

PLAN OF ACTION

1._____

2._____

3._____

4._____

Comments:

Form completed by:

Fax completed form to ISDH at 317-234-2812

CDC website for EVD: http://www.cdc.gov/vhf/ebola/
ISDH website for EVD: http://www.in.gov/isdh/26447.htm