EBOLA RISK ASSESSMENT QUESTIONNAIRE
for Colleges and Universities

Ebola outbreaks are occurring in Africa and may spread to other locations. The current outbreak-affected countries include Guinea, Liberia, Nigeria, Sierra Leone, Senegal and the Democratic Republic of the Congo. The Delaware Division of Public Health is contacting Delaware school/college/university faculty, staff, and students who are recently traveling from the Ebola outbreak-affected countries to inquire about any potential exposures to Ebola, and to ask about any symptoms of illness experienced since arrival to the United States.

Since you have recently traveled from an area identified by the Centers for Diseases Control and Prevention as the Ebola affected area, we would like to ask you some specific questions concerning your health, possible contacts with person(s) who might be afflicted with Ebola, and possible contacts with any animals that might be carriers of the virus.

Please understand that the purpose of this screening is to allow early identification of individuals who might have been exposed to Ebola in order to monitor for potential illness and begin early medical care if needed. These measures will protect you and prevent the spread of the virus into the community.

SECTION I: Demographics Information
1. Full name (last, first, middle initial): _____________________________________________
2. Date of birth (MM/DD/YYYY): _____/_____/______ Age: _______
3. Gender: Male □ Female□
4. Full address: _________________________________________________________________

SECTION II: Travel History
5. Have you travelled to Africa within the past 30 days? Yes □ No□
(If no travel to Africa, STOP the screening)
If yes:
What countries and cities did you visit within the past 30 days while you were in Africa? And what dates were you in each city/country?

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<tr>
<th>Country</th>
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(If no travel to Guinea, Senegal, Sierra Leone, Liberia, Nigeria or Democratic Republic of Congo, STOP the Screening)
When did you depart/arrive, and which airports did you depart/arrive?

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<tr>
<th>Travel</th>
<th>Departure</th>
<th>Departure Airport</th>
<th>Arrival</th>
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SECTION III: Exposure Risk and Clinical Screening

6. Did you have recent contact with anyone who was sick while you were in Africa?
   Yes □ No□
   If yes, please describe their symptoms and the type of contact:
   Symptoms                  Contact
   Fever                      Shaking hand
   Yes □ No □                Yes □ No □
   Headache                   Hugs
   Yes □ No □                Yes □ No □
   Muscle/joint pain          In the same room
   Yes □ No □                Yes □ No □
   Nausea/vomiting            Household contact
   Yes □ No □                Yes □ No □
   Diarrhea                   Kissing
   Yes □ No □                Yes □ No □
   Abdominal pain             Sexual contact
   Yes □ No □                Yes □ No □
   Hemorrhage/bleeding        Touching
   Yes □ No □                Yes □ No □
   Others (please describe):
   __________________________________________________________
   __________________________________________________________

7. Were you involved in providing health care or supportive care in a region, facility, or household with any suspected/confirmed cases of Ebola or any sick person(s) while you were in Africa (e.g.: changing dressings, bathing, changing bed linens, feeding etc.)?
   Yes □ No □
   If yes, please describe: __________________________________________________________
   __________________________________________________________

8. Were you in contact with anyone who was diagnosed with or suspected to have Ebola infection?
   Yes □ No □
   If yes, please describe: __________________________________________________________
   __________________________________________________________

   During the contact, were you wearing personal protective equipment (e.g. gown, gloves, eye protection, etc.)?, please describe: __________________________________________________________
9. Did you have contact with body fluids e.g. blood, saliva, sweat, nasal secretions, urine, tears, stool, including laboratory specimens or did you sustain any needle stick injuries related to caring for a person diagnosed with or potential Ebola infection?
   Yes □ No □
   If yes please describe: ____________________________________________________________
   ____________________________________________________________
   
   During the contact, were you wearing personal protective equipment (e.g. gown, gloves, eye protection, etc)?, please describe: ____________________________________________
   ____________________________________________________________

10. Did you participate in any funeral preparations/burial services/funeral rites for a deceased person suspected or diagnosed with Ebola infection?
    Yes □ No □
    If yes please describe: _______________________________________________________
    ____________________________________________________________

11. Did you have contact with animals, specifically bats, non-human primates, antelopes or porcupines while you were in Africa?
    Yes □ No □
    If yes please describe: _______________________________________________________
    ____________________________________________________________

12. Were you ill within the past 21 days during your time in Africa?
    Yes □ No □
    If yes, were you seen by a physician or did you visit a healthcare facility in Africa?
    Please describe: _____________________________________________________________
    ____________________________________________________________

13. In the last 21 days, have YOU experienced any of the following symptoms?

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Onset date</th>
<th>Description</th>
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<tbody>
<tr>
<td>Fever</td>
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<tr>
<td>Headache</td>
<td>Yes □ No □</td>
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<tr>
<td>Muscle/joint pain</td>
<td>Yes □ No □</td>
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<tr>
<td>Nausea/vomiting</td>
<td>Yes □ No □</td>
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<td>Hemorrhage/bleeding</td>
<td>Yes □ No □</td>
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</tr>
<tr>
<td>Others:</td>
<td>Yes □ No □</td>
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14. In the last 21 days, have you experienced any illness that required you to consult your doctor or healthcare provider?
Yes □ No□
If yes, did he or she order any lab tests? Yes □ No□
May we contact him/her? Yes □ No□
Physician/doctor contact information: _______________________________________________
______________________________________________________________________________

Ebola has an incubation period as long as 21 days. However, most symptoms start to appear within 8-10 days post exposure. It is recommended that:

- If an individual has a consistent travel history and negative screen results (answering "No" to all questions in section III), monitor temperature daily (2 times per day) until it has been 21 days since he/she left West Africa. Please immediately call the Delaware Division of Public Health at 888-295-5156 (Monday-Friday: 8:30 a.m. - 4:30 p.m.) or 302-744-4700 (after 4:30 p.m., weekends, and holidays) if you develop any fever or/and other symptoms or have any questions.

- If an individual has a consistent travel history and affirmative screen results (answering "Yes" to any questions in section III): immediately consult the Delaware Division of Public Health to determine a plan for closer monitoring of symptoms and additional instructions.