



**Screening Tool for Evaluating  
Risk of Ebola Virus Exposure  
August 29, 2014**

Name:	
Affiliation:	
Residence:	
Date of Birth:	

<b>In the past 21 days has the person:</b>	<b>NO</b>	<b>YES</b>
Traveled to, or in, an involved area (see: <a href="http://wwwnc.cdc.gov/travel/diseases/ebola">http://wwwnc.cdc.gov/travel/diseases/ebola</a> )		
<b>If no, patient is at NO RISK, no further action required</b>		↓
Had exposure to an ill person or wild animals while in an involved area		
<b>If no, patient is at NO RISK, no further action required</b>		↓
Worked or volunteered in a facility with Ebola virus disease (EVD) patients		
Household member, friend or acquaintance with confirmed/suspected EVD		
<b>If yes to either of these, patient is at risk, proceed to questions below</b>		↓
1. Direct exposure to someone ill with EVD or their blood or body fluids, without personal protective equipment (PPE)		
2. Unprotected, direct exposure to someone who died with EVD		
3. Unprotected direct contact with animals that may have Ebola virus infection		

**If No to all of the 3 numbered questions above, patient is at LOW RISK and only fever/symptom monitoring is required.**

**If Yes to any of the 3 numbered questions patient is at HIGH RISK and quarantine and fever/symptom monitoring required. Please contact public health department immediately (in Boston: BPHC at 617-534-5611; outside Boston: MDPH at 617-983-6800).**

See MDPH/BPHC guidance "Clinical Advisory: Management of Suspected Ebola Virus Cases or Contacts".  
(at: <http://www.mass.gov/eohhs/docs/dph/cdc/advisories/ebola-advisory-08-01-14.pdf> and  
[http://www.bphc.org/whatwedo/infectious-diseases/Documents/EbolaUpdatedadvisory080714\\_FINAL.pdf](http://www.bphc.org/whatwedo/infectious-diseases/Documents/EbolaUpdatedadvisory080714_FINAL.pdf))



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Name:	
Date of Birth:	

	NO	YES
<b>1. In the past 30 days has the patient or any household member, friend or acquaintance traveled outside the United States to Guinea, Liberia or Sierra Leone?</b>		
<b>If no, patient is at NO RISK, no further action required</b>		↓
<b>2. Does the patient or any household member, friend or acquaintance that traveled outside the country have any symptoms: fever, diarrhea, headache, vomiting, stomach pain, muscle pain, unexplained bleeding/bruising?</b>		
<b>If no, patient is at NO RISK, no further action required</b>		↓
		Alert Clinical Manager



**EMPLOYEE  
Screening Tool for Evaluating  
Risk of Ebola Virus Exposure**

**Dear Staff:**

**In light of the current Ebola, as a proactive and precautionary measure, we are screening our staff regarding potential exposure to the Ebola virus. Please complete the questionnaire below and submit it to your CTA.**

**Thank you for your cooperation.  
Human Resources**

Employee Name:	
Date of Birth:	

	NO	YES
<b>3. In the past 30 days have you or any household member, friend or acquaintance traveled outside the United States to Guinea, Liberia or Sierra Leone?</b>		
<b>If no, employee is at NO RISK, no further action required</b>		↓
<b>4. Does the employee or any household member, friend or acquaintance that traveled outside the country have any symptoms: fever, diarrhea, headache, vomiting, stomach pain, muscle pain, unexplained bleeding/bruising?</b>		
<b>If no, employee is at NO RISK, no further action required</b>		↓
		Notify H.R.*

\*Please call extension 214.