

EMERGENCY DEPARTMENT TRIAGE SCREENING QUESTIONS- PUI for Ebola

Name:	DOB:
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Travel History- *List Travel History to Uganda for the past 21 days*

<i>Travel Dates</i>	Departure:
<input type="checkbox"/> None	Arrival:
<i>Location of Travel</i>	Country/Countries:
<input type="checkbox"/> None	City/Cities:

What was the person doing in the country?

Was there contact with Ebola Patients? Yes No

Was there contact with fluids and secretions? Yes No

Symptoms

Symptom	Present?	Date of Onset	Other Information
Fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chills?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nausea?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vomiting?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Diarrhea?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Other Conditions

Did you take Malaria prophylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Problems?	
Medications?	
Allergies?	

Local Contacts

Where do you live?	
Does anybody live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any other of your family members ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Registration Screening Questions

*****Translate to additional appropriate languages*****

UCSF is in the process of screening all of our patients for high risk symptoms and travel to countries that are affected by Ebola. Please answer the following questions:

1. In the last 21 days have you traveled to Uganda or had contact with someone who was sick with Ebola?

Yes No

2. Do you have a fever, headache, weakness, muscle pain, vomiting, diarrhea, stomach pain, or unusual bleeding or bruising?

Yes No