

**COUNTY OF RIVERSIDE
RUHS - PUBLIC HEALTH
Ebola Exposure and Risk Assessment Tool**

Demographic Information

First Name: _____ Last Name: _____ Date of Birth: ___/___/___
 Country of Residence: _____ Country of Origin: _____ Language: _____
 Address: _____ City: _____ State: _____
 Phone 1: _____ Phone 2: _____

Exposure and Travel Information

1. In the last 21 days, did the patient visit or reside in Guinea? Yes No

If yes, when did the patient arrive in the United States? Date: ___/___/___ Location: _____
 Airline: _____ Flight Number: _____

2. Starting with the latest departure date from one of the areas listed in question 1, calculate the 21 day symptom watch time period:

Impacted African country departure date + 21 days = Symptom watch period

Departure Date: _____ + 21 days = Symptom watch period ends: _____

- Was the patient given the Ebola monitoring Log? Yes No
- Public Health will conduct active surveillance for 21 days.

3. If the symptoms watch period has not passed, instruct the patient to watch for the symptoms listed below:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Fever or feel like you have a fever • Vomiting • Diarrhea • Abdominal pain | <ul style="list-style-type: none"> • Joint pain or muscle aches • Headache • Weakness • Unexplained bleeding |
|---|--|

4. Risk factors for Ebola- Did the patient:

- | | |
|---|--|
| a. Provide patient care - have casual contact with someone who had confirmed/suspected Ebola in a healthcare setting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Come into direct contact with the blood or other body fluids of someone with Ebola? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Process body fluids of a confirmed Ebola patient (e.g., laboratory worker)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Handle, help prepare, or touch the body of a person who died or may have died from Ebola? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Have contact with a household member or other person exposed to someone ill with Ebola? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Handle bats, rodents or primates from an Ebola endemic area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Are there any family members, household members, or visitors who have visited or resided in Guinea in the last 21 days? Yes No If yes, list their name, relationship, age and travel history:

Name	Relationship	Age	Country	Date arrived in U.S.

Please notify Disease Control at: (951) 358-5107- After Hours: (951) 782-2974 and request to speak with the Public Health second call Duty Officer. Fax completed form to (951) 358-5102.