

**COUNTY OF RIVERSIDE DEPARTMENT OF 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 month, did the patient visit or reside in Guinea, Liberia, Sierra Leone, or Nigeria?** 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:**

African country departure date + 21 days = Symptom watch period

Departure Date: \_\_\_\_\_ + 21 days = Symptom watch period ends: \_\_\_\_\_

• Was the patient given the Ebola Self-monitoring Log? Yes No

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

- Fever or feel like you have a fever
- Headache
- Diarrhea
- Vomiting
- Abdominal pain
- Unusual bleeding
- Joint pain or muscle aches
- Weakness

**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? Yes No
- b. Come into direct contact with the blood or other body fluids of someone with Ebola? Yes No
- c. Process body fluids of a confirmed Ebola patient (e.g., laboratory worker)? Yes No
- d. Handle or help prepare the body of a person who died from Ebola? Yes No
- e. Have contact with a household member or other person exposed to someone ill with Ebola? Yes No
- f. Handle bats, rodents or primates from an Ebola endemic area? Yes No

**5. Are there any family members or household members who have visited or resided in Guinea, Liberia, Sierra Leone, or Nigeria in the last month?** 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.