

Ebola Virus Disease (EVD) Consultation Record

Identifier#: _____ - _____

(Use the following convention: State Abbreviation + sequential numbering)

Date: Day ____ Month ____ Year 2014 Time: HRS (AM PM)

Background:

Age: Sex: M F Citizenship:
Background/Ethnicity (optional):
Occupation/Avocation:

Travel History:

Travel (in /to/ from)

Guinea Liberia Sierra Leone Nigeria Other _____
Area/Countries/Districts if known: _____

Travel in rural areas? Y N UNKNOWN

Travel in areas with known Ebola cases? Y N UNKNOWN

Arrival Date in US: Month: Day:

Interim Stop(s) and Dates (as applicable):

Symptoms developed during travel (details): Y N UNK Location:
While on aircraft/at airport (details): Y N UNK Details:

Activities in country(ies) of travel/residence:

Medical Provider
Care Provider for Ill Patient
Laboratory Worker
Administrative/Organizational
Other (specify):

Seen for same symptoms prior to being seen at/admitted (e.g. another medical facility – provide details):

Y N UNKNOWN Details/Location:

Medical Details:

Travel medicine preparations pre-travel:

Pre-travel Yellow Fever vaccinated: Y N UNK
Pre-travel typhoid vaccination: Y N UNK

Medications taken while on travel (include malaria chemoprophylaxis):

Compliance with medications: (Poor Fair Good Excellent UNK)

Significant Past Medical History (e.g., illnesses/conditions):

Any illnesses while abroad and treatments:

Date of current symptom onset:

Typical symptoms:

- Fever (& How high if documented):	Y	N	UNK	Oral	°F	°C
- Intense Weakness	Y	N	UNK			
- Muscle Pain	Y	N	UNK			
- Headache	Y	N	UNK			
- Sore Throat	Y	N	UNK			
- Vomiting	Y	N	UNK			
- Diarrhea	Y	N	UNK			
- Any hemorrhagic manifestations (specify below)	Y	N	UNK			

Other symptoms:

Rashes (specify) _____	Y	N	UNK
Red Eyes (conjunctival hemorrhage)	Y	N	UNK
Hiccups	Y	N	UNK
Cough	Y	N	UNK
Chest Pain	Y	N	UNK
Difficulty Breathing/SOB	Y	N	UNK
Difficulty Swallowing	Y	N	UNK

BP: Pulse: Respirations:

General Appearance: (Healthy Mildly Distressed Toxic)

Labs: Platelet count:

AST/ALT:

INR:

Creatinine:

Hgb/HCT:

Radiographic Testing (if any):

Thick/Thin smear for malaria Y N UNK Result:

Rapid test for Malaria (type if known) Y N UNK Result:

Exposures of Interest: (In the 21 days prior to symptom onset)

Exposure to known or suspected Ebola patients: Y N UNK

Direct contact with known Ebola patients without PPE: Y N UNK

Exposure to blood products or bodily fluids from known Ebola patients: Y N UNK

Exposure to hospital settings known for treating Ebola patients: Y N UNK

Exposure to dead animals/"Bushmeat" preparation or consumption (details): Y N UNK
Details: _____

Visitation of caves inhabited by bats in country of concern: Y N UNK

