

## **Risk Assessment for International Travelers**

I would like to ask you some general questions about your activities during your recent travel to determine if you have had any exposures that may require follow up.

### **Section I: Demographics and Travel History**

Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_

Phone Number (cell): \_\_\_\_\_

Phone Number (work): \_\_\_\_\_

Current occupation (staff only): \_\_\_\_\_

Travel dates: Departure \_\_\_\_\_ Airports \_\_\_\_\_

Arrival \_\_\_\_\_ Airports \_\_\_\_\_

Did you visit Africa in the last three weeks? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please tell me what country(ies) and city(ies) you visited and the date(s) when you visited each:

Country	City	Date Arrived	Date Departed

*If the traveler did not visit Ebola affected areas, **stop** the assessment here.*

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*If the traveler visited Ebola affected areas, proceed to Section II using the questions for either a child or an adult.*

### **Section II: Contacts and Symptoms for Children Travelers**

During your recent travel:

1. Did you have any direct skin or mucous membrane contact with blood or body fluids (saliva, urine, stool, sweat) from a person who was ill? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did you attend any funeral services? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you been in a household or been in contact with a person who was ill during your recent travel or since your return? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Were you ill during your recent travel or since you returned? Yes \_\_\_\_\_ No \_\_\_\_\_

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## **Section II: Contacts and Symptoms for Adult Travelers**

During your recent travel:

1. Did you provide health or supportive care for anyone who was ill? **Yes** \_\_\_\_ **No** \_\_\_\_
2. Did you have any direct skin or mucous membrane contact with blood or body fluids (saliva, urine, stool, sweat, breast milk, or semen) from a person who was confirmed or suspected to have Ebola without appropriate personal protective equipment? **Yes** \_\_\_\_ **No** \_\_\_\_
3. Did you have sexual contact with an Ebola Virus Disease survivor within 3 months of their recovery? **Yes** \_\_\_\_ **No** \_\_\_\_
4. Did you participate in laboratory processing of body fluids? **Yes** \_\_\_\_ **No** \_\_\_\_
5. Did you participate in funeral rites or have other direct exposure to human remains? **Yes** \_\_\_\_ **No** \_\_\_\_
6. Did you handle any animals? **Yes** \_\_\_\_ **No** \_\_\_\_
7. Have you been a household member or had other casual contact\* with an Ebola Virus Disease patient? **Yes** \_\_\_\_ **No** \_\_\_\_

*\*Casual contact is defined as a) being within approximately 3 feet (1 meter) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., droplet and contact precautions); or b) having direct brief contact (e.g., shaking hands) with an EVD case while not wearing recommended personal protective equipment.*

8. Were you ill during your recent travel or since your return? **Yes** \_\_\_\_ **No** \_\_\_\_

If YES, were you seen by a physician or did you visit a healthcare facility?

**Yes** \_\_\_\_ **No** \_\_\_\_

9. Have you experienced any of the following symptoms since your return:

Symptom	Yes or No (If yes, highest temp)	Onset	Duration
Fever			
Headache			
Joint or Muscle Pain			
Nausea or Vomiting			
Diarrhea			
Abdominal Pain			
Unexplained bleeding			

If YES to any of the above:

Have you consulted your personal physician?

**Yes** \_\_\_\_ **No** \_\_\_\_

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10. Please provide the contact information for the healthcare provider you would notify in case of fever or feeling ill.

Name of provider: \_\_\_\_\_

Address of provider: \_\_\_\_\_

Phone number of provider: \_\_\_\_\_

### **III. Outcome of Risk Assessment**

*Answer the question below and read the corresponding statement to the traveler.*

1. *Did the traveler answer NO to all questions in Section II?*

Yes \_\_\_\_\_ No \_\_\_\_\_

***If YES (meaning all answers to questions in Section II were NO), please read the following statement to the traveler:***

Based on your responses you are not considered as being at increased risk for Ebola infection however, the incubation period for Ebola can be as long as 21 days. Because of your travel history it is recommended that you continue to monitor your temperature 2 times a day until it has been 21 days since you left the Ebola affected area. (Provide self-monitoring log to staff or parent of child)

Please call \_\_\_\_\_ immediately if you develop any fever or other symptoms or have any questions. *[Provide a contact number at which a response will be available 24/7.]*

***If NO (meaning there was at least one YES answer in Section II), further consultation is needed to determine if the traveler's activities will need to be restricted, notify your regional DHEC office, please read the following statement to the traveler:***

Based on your responses to the questions, it is indicated that you be closely monitored. We will consult with the South Carolina Department of Health and Environmental Control (SC DHEC) to determine a plan for closer monitoring of your symptoms and additional instructions regarding your activities. You will be contacted by DHEC for follow-up.