

Case name

First name

Surname

Date of birth

/ /



**Queensland
Government**

Queensland Health

Ebola virus disease exposure assessment form (short)

Section 1: Personal details

First name

Surname

 Male Female

Address

Postcode

Phone number

Mobile

Email

Date of birth

Age

/ /

Section 2: Epidemiological evidence

2.1 Travelled or spent time in West Africa in the last 21 days? Yes No

If yes, which country/ies?

**See [CDC map](http://www.cdc.gov) for current countries where EVD is active at www.cdc.gov*

Is this a country of concern? Yes, complete all questions in this section

No, go to question 2.2

a. Reason for travel HCW* Other aid work Visiting family Tourist Work

**If HCW, use full EVD exposure assessment form (including Healthcare worker assessment and PPE assessment sections).*

b. Known contact with bats or primates in country? Yes No

c. Hunted for or prepared 'bushmeat' in country? Yes No

2.2 Known history of exposure to person with EVD? Yes No

If yes, provide details of exposure:

Section 3: Clinical evidence

Fever ($\geq 37.5^{\circ}\text{C}$) Yes °C Onset date / / Not measured No

Other symptoms including:

 Severe headache Fatigue Muscle pain Weakness Diarrhoea Vomiting Abdominal pain Rash Unexplained haemorrhage

Other symptoms. Specify:

Section 4: Interpretation

- Limited epidemiological evidence (travel to EVD area only) and no clinical evidence:
- Provide information to person on symptoms to watch for and 24-hour phone number to ring if they become unwell in the 21-day incubation period, send fact sheet
 - Advise that the PHU will call at least weekly to check their health status.
- Known exposure to EVD and no clinical evidence:
- Will require home restriction and temperature monitoring
 - Assess using full EVD exposure assessment form.
- Epidemiological evidence and clinical evidence:
- Isolate immediately and manage as per recommendations of suspected case.