

# Public Health Questionnaire

CDC Guidelines

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_

## We require you to answer the following questions:

1. Have you ,or any family members traveled outside the U.S that has been in Guinea, Liberia, or Sierra Leone or any West African country in the past 21 days?

**YES NO**

2. Within the past 21 days did you have physical contact with or help care for, someone diagnosed with, or suspected to have, Ebola?

**YES NO**

3. Do you have or had any of the following symptoms within the last 2 days:

<b>Fever</b>	<b>sore throat</b>	<b>None</b>
<b>Vomiting</b>	<b>weakness</b>	
<b>Diarrhea</b>	<b>cough</b>	
<b>Headache</b>	<b>Muscle Pain</b>	

\_\_\_\_\_  
Patient/parent/guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient