

Primary Screening Form**Intended for officers without health education.***Instructions: The form should be completed and given to public health staff.***Note! Do not send personal data via e-mail. Use regular mail**[County Medical Officer](#) and [WHO](#) update information about spread of Ebola virus disease (EVD)**Last name:****First name:****Date of birth:****Sex:****Participant Contact (Hotel, group, Tel/e-mail address):****SYMPTOM**

Fever

☐ Yes☐ No☐ Unknown

If yes, what temperature?

Vomiting

☐ Yes☐ No☐ Unknown

Joint pain

☐ Yes☐ No☐ Unknown

Weakness

☐ Yes☐ No☐ Unknown

Blood from nose or mouth, in vomit or stool, dark or bloody urine?

☐ Yes☐ No☐ Unknown

When did the first symptom start? (DD/MM/YYYY)?

Only applicable if you have been traveling to Ebola-affected countries.

History of contact with someone who has been sick with vomiting, diarrhoea, or bleeding in the previous 3 weeks?

☐ Yes☐ No☐ Unknown

History of contact with someone who died in the previous 3 weeks?

☐ Yes☐ No☐ Unknown

History of participation in a funeral in the previous 3 weeks?

☐ Yes☐ No☐ Unknown