



INFECTIOUS DISEASES SCREENING TOOL

Assigned staff should have ALL patients answer these questions:

1. Have you traveled outside the U.S. in the past 21 days (3 weeks)? If yes, where _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a close contact (household member) traveled outside the U.S. in the past 21 days (3 weeks)? If yes, where _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you had close contact with a person with Ebola?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have a fever (Temp more than 100.4°F (38°C)) or feel hot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a cough or a sore throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you vomiting or having diarrhea?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have a rash?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*** During FLU season, think FLU ***