

Ebola Virus Disease (EVD) Assessment Form

Date: _____

Clinician Contact Information
 Last name: _____ First name: _____
 Address: _____ Town/City : _____ Province/Territory: _____
 Postal code: _____ Phone number (s) (___) ___ - _____, (___) ___ - _____

Patient Information
 Last name: _____ First name: _____
 Address: _____ Town/City : _____ Province/Territory: _____
 Postal code: _____ Phone number (s) (___) ___ - _____, (___) ___ - _____
 Next of Kin or emergency contact: Name: _____ Phone number: (___) ___ - _____
 Address: Same as patient Yes No If no, _____

Gender: Male Female Date of Birth (dd/mm/yyyy) _____
 Date of fever onset (dd/mm/yyyy) _____ Self-reported temperature _____

Travel History:
 In the 21 days prior to onset of fever, did the person travel outside of their province/territory of residence or outside Canada?
 Yes No Unknown

Check below the countries visited	Town/City/Areas visited	Dates Traveled
<input type="checkbox"/> Guinea		
<input type="checkbox"/> Sierra Leone		
<input type="checkbox"/> Liberia		
<input type="checkbox"/> Other: Specify _____		

For up-to-date information see WHO outbreak news at <http://www.who.int/csr/don/archive/disease/ebola/en/>

In the 21 days prior to symptom onset, did the person travel on a plane or other public carrier(s) Yes No Unknown
 If yes, please specify the following

Travel Type	Carrier Name	Flight / Carrier #	Seat #	City of Origin	Destination City	Dates of Travel

Check all symptoms that apply:

<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Difficulty swallowing	<input type="checkbox"/> Severe Headache	<input type="checkbox"/> Anorexia
<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Nose bleeds (epistaxis)	<input type="checkbox"/> Malaise	<input type="checkbox"/> Bloody stools
<input type="checkbox"/> Haematemesis	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Bleeding gums	<input type="checkbox"/> Myalgia
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Intense coughing	<input type="checkbox"/> Haematuria	<input type="checkbox"/> Petechiae
<input type="checkbox"/> Conjunctival injection	<input type="checkbox"/> Vaginal bleeding outside menstruation		
<input type="checkbox"/> Skin rash	Specify location: _____		
<input type="checkbox"/> Other	Specify: _____		

Epidemiologic risk factors during travel		YES	NO
High	Contacted or handled wild animals, alive or dead, or their raw or uncooked meat		
	Participated in funeral rites or handled a dead body		
	Cared for, or came into direct contact with blood, urine, feces, other bodily secretions, or tissues of a person or animal known or strongly suspected as having a VHF <u>without</u> appropriate personal protective equipment		
	Handled clinical specimens (blood, urine, feces, tissues, cultures) of a person or animal known or strongly suspected as having a VHF <u>without</u> appropriate personal protective equipment or biosafety precautions		
Intermediate	Direct contact with blood, urine, feces, other bodily secretions, or tissues of a person or animal known or strongly suspected of having VHF <u>with</u> appropriate personal protective equipment		
	Handled clinical specimens (blood, urine, feces, tissues, cultures) of a person or animal known or strongly suspected as having a VHF <u>with</u> appropriate personal protective equipment and biosafety precautions		
Low	Received medical care in an African health care facility where an outbreak of VHF is to be occurring		
Very Low	Visited caves or mines		
	Directly exposed to excreta of rats*		
	Lived, worked or travelled in basic rural conditions*		
	Attendance at a health care facility		

*Risk factors for Lassa Fever

Occupational and Recreational Exposure(s)

The person is a:

- | | |
|--|--|
| <input type="checkbox"/> Medevac Staff | <input type="checkbox"/> Veterinary / animal worker / or game hunter |
| <input type="checkbox"/> Consular employee | <input type="checkbox"/> Laboratory worker |
| <input type="checkbox"/> NGO/Aid worker | <input type="checkbox"/> Mine worker |
| <input type="checkbox"/> Expatriate worker | <input type="checkbox"/> Prospector Specify: _____ |
| <input type="checkbox"/> Mortician | <input type="checkbox"/> Other Specify: _____ |