

Passenger Health Screening Form

Roberts International Airport, LIBERIA

Visual Assessment Clear Secondary

Temperature (°C) _____

FOR OFFICIAL USE ONLY ABOVE LINE

Dear Traveler: Due to an outbreak of Ebola, public health officials are asking travelers to complete the following health declaration form. We need your help to prevent the spread of this disease.

(Name as it appears on your travel and boarding documents) **DATE (DD/MM/YY)**

Surname: _____ First name: _____

Other name(s): _____

Phone number(s) with country code: 1) _____ 2) _____

Country Issuing Passport: _____

Airline and Flight Number _____ Final Destination: _____

Have you had any of the following symptoms today OR within the past 2 days?	Yes	No
Fever of 37.5°C or feeling feverish		
Headache		
Vomiting		
Diarrhea		
Exhaustion/intense fatigue		
Loss of appetite		
Stomach or abdominal pain		
Muscle or joint pain		
Red eyes (conjunctivitis)		
Unexplained bleeding (bleeding from mouth, nosebleed, bloody vomit, bloody/black diarrhea, coughing blood)		
In the last 21 days, have you experienced any of the following?	Yes	No
Have you been stuck with a needle used on an Ebola patient?		
Have you had body fluids of an Ebola patient in your eyes, nose or mouth?		
Have you taken part in a burial or funeral rites, or touched the body of someone who died in an area where there is Ebola?		
Did you stay in a house with or have other casual contact with an Ebola patient?		
Have you taken care of an Ebola patient or come into contact with body fluids of an Ebola patient?		
If your answer was yes, did you <i>always</i> use a mask and gloves, and other protection?		
Have you worked in a laboratory that processes body fluids of confirmed Ebola cases?		
If your answer was yes, did you <i>always</i> use personal protective equipment?		