

INVESTIGATOR: \_\_\_\_\_ JURISDICTION: \_\_\_\_\_ DATE: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

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Maryland Department of Health and Mental Hygiene  
Prevention and Health Promotion Administration  
Office of Infectious Disease Epidemiology and Outbreak Response  
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## **INTERIM RISK ASSESSMENT FOR SUSPECT EBOLA CASE INVESTIGATIONS**

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Travel history (e.g. layovers/change of planes en route from Africa to Maryland)

Visit history in Africa (travel to which which countries? Rural areas?)

### **Exposure to:**

- Dead animals/bushmeat consumption?
- Visitation to caves with bats in Africa?
- Care provided to people in affected areas?
- Involvement with funeral prep of a body (describe)?

Details on activities in country (e.g., caring for sick persons, medical or laboratory work)?

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### **Past medical history:**

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.....  
Prior medical facility or urgent care contact in the United States?

Malaria chemoprophylaxis taken? Compliance?

Did patient get yellow fever vaccination or typhoid vaccination prior to travel?

Illness while traveling in Africa/treatments?

**Additional medical details:**

- |  |   |
|--|---|
| <input type="checkbox"/> Weakness?                   | <input type="checkbox"/> Hiccups?               |
| <input type="checkbox"/> Sore throat?                | <input type="checkbox"/> Cough?                 |
| <input type="checkbox"/> Vomiting/diarrhea?          | <input type="checkbox"/> Chest pain?            |
| <input type="checkbox"/> Kidney function tests?      | <input type="checkbox"/> Shortness of Breath?   |
| <input type="checkbox"/> Hemorrhagic manifestations? | <input type="checkbox"/> Swallowing difficulty? |
| <input type="checkbox"/> Red eyes?                   |   |

**Patient isolation and conveyance:**

Where is patient currently? \_\_\_\_\_

Isolation (what precautions)? \_\_\_\_\_

Admitted to hospital (when and where)? \_\_\_\_\_

How did patient get to hospital (e.g., private car, ambulance, etc.)?