

Worker's name: _____ DOB (mm/dd/yyyy): ___/___/___

Organization: _____

State of residence: _____

Facility name, location: _____

Dates worked (mm/dd/yyyy): ___/___/___ to ___/___/___ Staff role: _____

Duties: _____

EXPOSURE ASSESSMENT

(This section and the two sections below are to be completed by Safety Officer after worker's last E/MTU shift)

Name of person performing the assessment: _____ Title: _____

Signature: _____ Date assessment completed: _____ Time: _____

Potential Exposures in E/MTU Setting (Complete for all workers. Questions apply to the past 21 days.)

For healthcare workers or others who entered patient care area of E/MTU:

- Used appropriate personal protective equipment (PPE) every time YES NO
- Donning and doffing of PPE supervised and documented by Safety Officer YES NO

For laboratory workers: Followed all required lab safety protocols every time YES NO

For workers engaged in the movement or burial of dead bodies:

- Used appropriate personal protective equipment (PPE) every time exposed to dead body or contaminated items associated with burial YES NO

If NO to any of above, describe in the "Infection Control Breaches" section below.

For non-healthcare workers:

Had direct contact with an acutely ill patient later diagnosed with Ebola disease (Ebola) or Marburg virus disease (Marburg) YES NO

Had direct contact with a patient who died of Ebola- or Marburg-compatible illness* but not confirmed YES NO

NO

Exposed to body of person who died of Ebola or Marburg or Ebola- or Marburg-compatible illness* or unknown cause YES NO

If YES to any of above, describe incident(s) under Infection Control Breaches below.

*Ebola- or Marburg-compatible illness includes body temperature $\geq 100.4^{\circ}\text{F}$ or 38°C or subjective fever, or signs/symptoms including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

Infection Control Breaches (Complete for all workers. Questions apply to the past 21 days.)

No known infection control breach occurred

Infection control breach occurred

If an infection control breach occurred, specify:

Needlestick or other sharps injury

Splash to mucous membrane (eye/nose/mouth)

Direct exposure to skin

Other (specify): _____

Describe the incident: _____

Date of breach (mm/dd/yyyy): __ / __ / ____ Reported to Safety Officer? YES NO

Action taken: _____

END OF EXPOSURE ASSESSMENT

HEALTH ASSESSMENT (To be completed by Medical Supervisor within 24-48 hours of worker's departure)

Worker name: _____

DOB (mm/dd/yyyy): __/__/____

Date assessment completed: _____ Time: _____

Name of person performing the assessment: _____ Title: _____

Signature: _____

Ebola vaccination status

Ebola vaccine received: YES NO

If vaccinated against Ebola virus, specify: Pre-exposure Post-exposure

Date of vaccination: __/__/____ Name of Vaccine: _____

Date of vaccination: __/__/____ Name of Vaccine: _____

Clinical Assessment

Appears well: YES NO, specify: _____

Oral temperature measurement: _____

Signs and symptoms, medication history

Signs/symptoms in the past 48 hours: None reported

Fever – if YES, Tmax: _____ Method: _____ Date: __/__/____ Time: _____

Fatigue Weakness Muscle pain Vomiting Diarrhea

Abdominal pain Headache Joint pain Sore throat Difficulty breathing

Chest pain Unexplained bruising/bleeding

Earliest symptom onset Date: __/__/____ Time: _____

Use of antipyretic medication(s) in past 12 hours: None

Name of antipyretic : _____ Dose: _____ Time: _____ Purpose: _____

Name of antipyretic: _____ Dose: _____ Time: _____ Purpose: _____

Was malaria prophylaxis taken as prescribed: YES NO

Name of antimalarial: _____

END OF HEALTH ASSESSMENT