Worker name: ____________________________ DOB (mm/dd/yyyy): __ /__ /_____

Organization: _____________________________________________ US destination state: _____________

Facility name, location: ____________________________________________________________________

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

Duties: ________________________________________________________________________________

**EXPOSURE ASSESSMENT**
**(This section and the two sections below to be completed by Safety Officer after worker's last ETU shift.)**

Name of person performing assessment: ________________________ Title:_________________________

Signature: _____________________________ Date assessment completed: ____________ Time: ______

**Potential Exposures in ETU Setting (Complete for all workers. Questions apply to past 21 days.)**

**For all workers:** Had unprotected* exposure to any of the following?

An acutely ill person later diagnosed with Ebola or the person's body fluids ☐ YES ☐ NO

A person who died of Ebola-compatible illness** but not confirmed as having Ebola or the person's body fluids ☐ YES ☐ NO

The body of person who died of Ebola or Ebola-compatible illness** or unknown cause ☐ YES ☐ NO

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

**For workers who did not do clinical, laboratory, or burial work, or enter the patient care area of an ETU, this section is complete.**

**For health care workers or others who entered patient care area of ETU:**

Used personal protective equipment (PPE) per ETU protocol every time, without any known infection control breaches? ☐ 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 movement or burial of dead bodies:**

Used PPE per ETU protocol every time exposed to dead body or contaminated items associated with burial, without any known breaches? ☐ YES ☐ NO

**If NO to any of above, describe in "Infection Control Breaches or Potential Exposures" section below.**

*Unprotected means without use of personal protective equipment (PPE) per ETU protocol.
**Ebola-compatible illness includes body temperature ≥100.4ºF or 38ºC or subjective fever, or signs/symptoms including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

**Infection Control Breaches or Potential Exposures (Complete for all workers. Questions apply to past 21 days.)**

☐ No known infection control breach or potential exposure occurred (If checked, section is complete.)

☐ Infection control breach or potential exposure occurred, specify:

Date of breach/exposure (mm/dd/yyyy): __ /__ /_____

Location of incident: ______________________________________________________________________

Type of exposure:

☐ Needlestick or other sharps injury ☐ Splash to mucous membrane (eye/nose/mouth)

☐ Direct exposure to skin

☐ In close proximity (3 feet / 1 meter) while not using PPE per ETU protocol

☐ Other (specify):____________________________________________________________

PPE worn during incident: ☐ none

☐ gloves ☐ gown ☐ facemask ☐ respirator ☐ face shield ☐ eye protection

Describe incident: _______________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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, specify: ☐ Primary prevention ☐ Post-exposure Date of vaccination : __ /__ /_____

Name of Vaccine: ________________________________Lot No.______________ Expiration: ___ / ___ / ____

**Clinical Assessment**

Appears well: ☐ YES ☐ NO, specify: ___________________________________________________

_____________________________________________________________________________________

Oral temperature measurement: ____________ °F / °C

**Signs and symptoms in past 48 hours, medication history**

Signs/symptoms: ☐ None reported ☐ Fever – if YES, specify: ☐ Not measured (subjective)

Highest temp measured _______ °F / °C 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