NJDOH EBOLA INVESTIGATION WORKSHEET

CDRSS #: _____

Patient Last Name **First Name**	**DOB:** ____ / ____ / ____	**Ethnicity** ☐ Hispanic ☐ Non-Hispanic ☐ Unknown
Patient Address	**County**	**Phone**

Race
☐White ☐ Black ☐Asian ☐Pacific Islander ☐American Indian or Alaskan Native ☐Unknown

Occupation	**Industry / work setting**

Was patient hospitalized because of this illness?	**Did the patient die because of this illness?**
☐ Yes ☐ No ☐ Unknown Hospital: _____ Admit: _____ / _____ / _____ Discharge: _____ / _____ / _____	☐ Yes ☐ No ☐ Unknown If yes, date of death: _____ / _____ / _____

Physician Contact Information	**Hospital Laboratory Contact Information**
Name: _____ Address: _____ Phone: _____ Fax: _____ E-mail: _____	Name: _____ Address: _____ Phone: _____ Fax: _____ E-mail: _____

Signs & Symptoms		**Onset Date**
Fever: _____°F	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____
Headache	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____
Myalgia	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____
Fatigue	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____
Sore throat	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____
Diarrhea	☐ Yes ☐ No ☐ Unk	____ / ____ / ____
Vomitting	☐ Yes ☐ No ☐ Unk	____ / ____ / ____
Abdominal pain	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____
Rash	☐ Yes ☐ No ☐ Unk	____ / ____ / ____
Unexplained hemorrhage (bleeding or bruising)	☐ Yes ☐ No ☐ Unk.	____ / ____ / ____

Other symptoms/underlying medical conditions, *describe*:

Risk Factors (Ask all of these questions for the 21 days preceding illness onset or diagnosis)
List of areas with active Ebola virus transmission can be found at: https://www.cdc.gov/vhf/ebola/outbreaks/index-2018.html

Did the patient travel to an area with active Ebola virus transmission?	☐ Yes ☐ No ☐ Unk Location Dates:
Was the patient a caregiver for an Ebola patient or a healthcare worker in an area with Ebola virus transmission?	☐ Yes ☐ No ☐ Unk Dates:
Did the patient attend a funeral in an area with active Ebola virus transmission?	☐ Yes ☐ No ☐ Unk Date(s):

Did the patient have direct contact with blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk, semen) of a person who was sick with or who died from Ebola virus disease (EVD)?	☐ Yes ☐ No ☐ Unk Specify body fluid(s): Dates:
Did the patient have direct contact with objects contaminated with body fluids from a person sick with EVD or have direct contact with the body of a person who died from EVD?	☐ Yes ☐ No ☐ Unk Specify objects and body fluid(s): Dates:
Did the patient have contact with semen from a man who recovered from EVD (through oral, vaginal or anal sex)?	☐ Yes ☐ No ☐ Unk Dates:
Did the patient work in a laboratory where Ebola specimens were handled or in a clinical laboratory in an area with active Ebola virus transmission?	☐ Yes ☐ No ☐ Unk Dates:
Did the patient have direct contact with fruit bats or nonhuman primates (e.g., apes, monkeys) in an area with active Ebola virus transmission?	☐ Yes ☐ No ☐ Unk
Describe other exposures and what (if any) PPE was used:	

Diagnostic Testing: ENTER RESULTS IN "COMMENTS & TEST RESULTS" SECTION; SEND COPIES TO NJDOH/CDS

Name of Test	Performed?	Date of specimen collection	Name of Test	Performed?	Date of specimen collection
Malaria	☐ Yes ☐ No ☐ Pending		CBC	☐ Yes ☐ No ☐ Pending	
Influenza	☐ Yes ☐ No ☐ Pending		Chemistry	☐ Yes ☐ No ☐ Pending	
Blood culture	☐ Yes ☐ No ☐ Pending		PT/INR	☐ Yes ☐ No ☐ Pending	
Other testing, specify:					

Contacts

List household contacts and other close contacts of patient

Name	Date of Birth	Relationship	Phone
	____ / ____ / ____		
	____ / ____ / ____		
	____ / ____ / ____		
	____ / ____ / ____		
	____ / ____ / ____		

Does patient live with any pets (e.g., dogs, cats, pigs)? **Specify number and type of animal(s):**	☐ Yes ☐ No ☐ Unk

Comments & Test Results (*add additional sheets if necessary*)

Submit with all test results via encrypted email to CDSVectorTeam@doh.nj.gov or fax to 609-826-4874.

Questions? Call 609-826-5964