

Passenger Health Screening Form

Roberts International Airport, LIBERIA

Visual Assessment Clear Secondary

Temperature (°C) 36.3 PFC

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) 19/09/2014

Surname: DUNCAN First name: THOMAS

Other name(s): ERIC

Phone number(s) with country code: 1) +231 880 265 145 2) +231 -

Country Issuing Passport: LIBERIA

Airline and Flight Number BRUSSELS SN1241 Final Destination: DALLAS

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		<input checked="" type="checkbox"/>
Headache		<input checked="" type="checkbox"/>
Vomiting		<input checked="" type="checkbox"/>
Diarrhea		<input checked="" type="checkbox"/>
Exhaustion/intense fatigue		<input checked="" type="checkbox"/>
Loss of appetite		<input checked="" type="checkbox"/>
Stomach or abdominal pain		<input checked="" type="checkbox"/>
Muscle or joint pain		<input checked="" type="checkbox"/>
Red eyes (conjunctivitis)		<input checked="" type="checkbox"/>
Unexplained bleeding (bleeding from mouth, nosebleed, bloody vomit, bloody/black diarrhea, coughing blood)		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
Have you had body fluids of an Ebola patient in your eyes, nose or mouth?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
Did you stay in a house with or have other casual contact with an Ebola patient?		<input checked="" type="checkbox"/>
Have you taken care of an Ebola patient or come into contact with body fluids of an Ebola patient?		<input checked="" type="checkbox"/>
If your answer was yes, did you <i>always</i> use a mask and gloves, and other protection?		<u>N/A</u>
Have you worked in a laboratory that processes body fluids of confirmed Ebola cases?		<input checked="" type="checkbox"/>
If your answer was yes, did you <i>always</i> use personal protective equipment?		<u>N/A</u>