



# HP LONG

A Service of RAPIDES REGIONAL MEDICAL CENTER

## EBOLA CHECKLIST

**CIRCLE ANY THAT APPLY TO YOU:**

1. Does the patient have any of the following symptoms

- a. Fever
- b. Headache
- c. Muscle Pain
- d. Weakness
- e. Diarrhea
- f. Vomiting
- g. Abdominal Pain
- h. Unexplained Hemorrhage

2. Has the patient traveled to West Africa or had contact with anyone who has traveled to West Africa in the past 21 days?

\*YES \_\_\_\_\_ NO \_\_\_\_\_

\* If yes, please indicate country and date of travel

Country: \_\_\_\_\_ Date: \_\_\_\_\_

If yes to both questions, notified Dr. \_\_\_\_\_ @ \_\_\_\_\_ (time)

Isolation precautions initiated @ \_\_\_\_\_ (time)

Affix Patient Sticker Here