## Primary Screening Form

**Intended for officers without health education.**

*Instructions: The form should be completed and given to public health staff.*

***Note! Do not send personal data via e-mail. Use regular mail***

[*County Medical Officer*](https://www.regiongavleborg.se/samverkanswebben/halsa-vard-tandvard/kunskapsstod-och-rutiner/smittskydd/smittskydd-a-o/e/Ebola/) *and* [*WHO*](http://www.who.int/ebola/en/) *update information about spread of Ebola virus disease (EVD)*

**Last name**:       **First name**:

**Date of birth**:       **Sex**:

**Participant Contact (Hotel, group, Tel/e-mail address):**

**SYMPTOM**

Fever   

If yes, what temperature?

Vomiting   

Joint pain   

Weakness   

Blood from nose or mouth, in vomit or   

stool, dark or bloody urine?

When did the first symptom start? (DD/MM/YYYY)?

**Only applicable if you have been traveling to Ebola-affected countries.**

History of contact with someone who   

has been sick with vomiting, diarrhoea,

or bleeding in the previous 3 weeks?

History of contact with someone   

who died in the previous 3 weeks?

History of participation in a funeral   

in the previous 3 weeks?