Primary Screening Form

Intended for officers without health education.
Instructions: The form should be completed and given to public health staff.

Countries with Ebola virus disease (EVD): Smittskyddsläkaren County Medical Officer, WHO and Public Health Agency of Sweden update information about spread of EVD.

Last name:_____

First name:_____

Sex:_____

Date of birth:_____/_____/_____

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

_____

_____

_____

Symptoms	**Yes**	**No**	**Unknown**
Fever/Temperature if Yes			
Vomiting			
Joint pain			
Weakness			
Blood from nose or mouth, in vomit or stool, dark or bloody urine			
When did the first symptoms start? (DD/MM/YYYY)____/____/____ Country/Countries visited 21 days before onset of symtoms:_____			
Only applicable for participants with history of travel to EVD-affected countries.	**Yes**	**No**	**Unknown**
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?			

Postadress
Smittskydd
Gävle sjukhus
801 87 Gävle
Webb: www.regiongavleborg.se/smittskydd
E–post: smittskydd@regiongavleborg.se

Telefon 026-15 53 09
Telefon 026-15 53 08
Telefon 026-15 53 07
Telefon 026-15 49 08
Telefon 026-15 53 58

Besöksadress
Ingång 31
Gävle sjukhus