

New York State Department of Health (NYSDOH)
Prevention and Control of Ebola Virus Disease (EVD)
 Commissioner's Order, Issued 10/27/14

Provisional Screening Form: JFK International Airport

NOTE: While cooperation with NYSDOH during this proposed risk assessment is voluntary, if an individual refuses to provide the requested information, or is not truthful about the information provided during the screening or an illness investigation, NYSDOH may consult with the US Centers for Disease Control and Prevention (CDC). If it reasonably believed that the individual is infected with or has been exposed to Ebola, CDC may quarantine, isolate or place the individual under surveillance under 42 CFR 71.32 and F133.

Traveler Information

Ebola outbreak countries been in during last 21 days: _____

Last (family) name; First (given) name: _____

Passport country: _____ Passport Number: _____

Birth Date (MM/DD/YY): _____ Sex: Male Female Arrival Date (MM/DD/YY): _____

Airline: _____ Flight number: _____ Seat number(s) _____

1st e-mail address: _____ 2nd e-mail address: _____

1st telephone number (include country code or country name): _____

2nd telephone number (include country code or country name): _____

Home address: _____ NYS County: _____

Address for next 21 Days: _____

Name of a friend or relative in United States (U.S.): _____

U.S. friend/relative's email: _____ U.S. friend/relative's Phone Number: _____

Screening Information About Traveler

Temperature (°F): _____

1. In the last 21 days, did the traveler have physical contact with a person with EVD <u>or</u> a person with a fever and a second symptom* of EVD [regardless of personal protective equipment (PPE) used]?	<u>YES</u> <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
2. In the last 21 days, did the traveler have direct physical exposure to blood or body fluids of a person with EVD <u>or</u> a person with a fever and a second symptom* of EVD [regardless of PPE used]?	Yes <input type="checkbox"/> **	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If Yes, did the contact include any of the following:			

a. Laboratory processing of blood or body fluids?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
i. If Yes, were appropriate PPE and standard biosafety precautions used?	Yes <input type="checkbox"/>	<u>NO</u> <input type="checkbox"/>	Unknown <input type="checkbox"/>
b. Percutaneous (e.g., needlestick?) exposure?	<u>YES</u> <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
c. Mucous membrane exposure?	<u>YES</u> <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
d. Any other type of direct physical exposure to blood or body fluids?	<u>YES</u> <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
3. In the last 21 days, did the traveler have physical contact with a dead body while in a country with widespread transmission [regardless of PPE used]?	<u>YES</u> <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
4. In the last 21 days, did the traveler live in the same household as a person with EVD while the person had EVD symptoms?	<u>YES</u> <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
5. In the last 21 days, did the traveler come within 3 feet of a person with EVD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
a. If Yes, was appropriate PPE being used at that time?	Yes <input type="checkbox"/>	<u>NO</u> <input type="checkbox"/>	Unknown <input type="checkbox"/>
6. In the last 21 days, was the traveler in a room or other enclosed location with a person with EVD for a prolonged period of time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
a. If Yes, was appropriate PPE being used at that time [as determined by the facts and circumstances of the particular situation]?	Yes <input type="checkbox"/>	<u>NO</u> <input type="checkbox"/>	Unknown <input type="checkbox"/>

* Second symptoms of EVD include: severe headache, muscle pain, weakness, diarrhea, vomiting, abdominal (stomach) pain, or unexplained hemorrhage (bleeding or bruising)

** If the answer to #2 is Yes, then at least one of 2a.-2d. must be answered Yes

NYSDOH Screening Determination/Disposition:

- AT LEAST ONE of the boxes that are bolded and underlined are checked.** The traveler has had direct contact as defined in the NYSDOH Commissioner's Order, Issued 10/27/14, in the Matter of the Prevention and Control of Ebola Virus Disease Statewide and via JFK International Airport. As such, a Quarantine Order for 21 days from the date of the person's last direct contact, consistent with due process of law, must be issued.
- NONE of the boxes that are bolded and underlined are checked.** The traveler has not had direct contact as defined in the NYSDOH Commissioner's Order, Issued 10/27/14, in the Matter of the Prevention and Control of Ebola Virus Disease Statewide and via JFK International Airport. As such, these individuals should be evaluated on a case-by-case basis but will not automatically be subject to a quarantine period. They may be required to undergo monitoring by a local or state department of health, in coordination with NYSDOH.