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 or a person with a fever and a second symptom* of EVD [regardless of personal protective equipment (PPE) used]?

   YES ☐  No ☐  Unknown ☐

2. In the last 21 days, did the traveler have direct physical exposure to blood or body fluids of a person with EVD or a person with a fever and a second symptom* of EVD [regardless of PPE used]?

   Yes ☐ **  No ☐  Unknown ☐

If Yes, did the contact include any of the following:
a. Laboratory processing of blood or body fluids?  
   |  Yes □ | No □ | Unknown □ |

   i. If Yes, were appropriate PPE and standard biosafety precautions used?  
      |  Yes □ | No □ | Unknown □ |

b. Percutaneous (e.g., needlestick?) exposure?  
   | YES □ | No □ | Unknown □ |

c. Mucous membrane exposure?  
   | YES □ | No □ | Unknown □ |

d. Any other type of direct physical exposure to blood or body fluids?  
   | YES □ | No □ | Unknown □ |

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]?  
   | YES □ | No □ | Unknown □ |

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?  
   | YES □ | No □ | Unknown □ |

5. In the last 21 days, did the traveler come within 3 feet of a person with EVD?  
   | Yes □ | No □ | Unknown □ |

   a. If Yes, was appropriate PPE being used at that time?  
      | Yes □ | No □ | Unknown □ |

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 □ | No □ | Unknown □ |

   a. If Yes, was appropriate PPE being used at that time [as determined by the facts and circumstances of the particular situation]?  
      | Yes □ | No □ | Unknown □ |

* 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.