



Travel History Questionnaire

1. In the past 30 days, has the patient traveled outside of the United States?

Circle One: Yes No

Comment:

2. Has the patient been to Guinea, Liberia, Nigeria, Senegal, Sierre Leone, or Democratic Republic of Congo?

Circle One: Yes No

Comment:

3. Has the patient been near persons or remains of persons with Ebola in the past 30 days?

Circle One: Yes No

Comment:

Signature

Date