

QUESTIONNAIRE
CONCERNING NOTIFICATION OF DISEASE OF A PERSON COMING BACK FROM WEST AFRICA
COUNTRIES WITH CURRENT OCCURRENCE OF EBOLA VIRUS DISEASE (EVD)

1. Name & Surname:

2. Date of birth: ___ / ___ / _____ (day/month/year):

3. ID number / passport number (concerns foreigners only)

4. Address: _____

5. Mobile phone number: _____

6. Symptoms of the disease:

- | | |
|-----------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> fever > 38,4°C | - date of occurrence: ___ / ___ / _____ (day/month/year), hour. |
| <input type="checkbox"/> headache | - date of occurrence: ___ / ___ / _____ (day/month/year), hour |
| <input type="checkbox"/> muscle pains | - date of occurrence: ___ / ___ / _____ (day/month/year), hour |
| <input type="checkbox"/> vomiting | - date of occurrence: ___ / ___ / _____ (day/month/year), hour |
| <input type="checkbox"/> diarrhoea | - date of occurrence: ___ / ___ / _____ (day/month/year), hour |
| <input type="checkbox"/> stomach -ache | - date of occurrence: ___ / ___ / _____ (day/month/year), hour |
| <input type="checkbox"/> external/internal bleeding | - date of occurrence: ___ / ___ / _____ (day/month/year),hour |

7. Stay during the last 3 weeks (21 days) in the area of Ebola outbreak

- yes specify the name: Guinea Liberia Sierra Leone Nigeria Senegal
 Democratic Republic of Congo other (give the name)

Information on the countries with Ebola outbreak is to be found at www.gis.gov.pl link (Bookmark: EVD epidemic in Africa)

no

8. During stay in Africa:

- direct contact with a person of confirmed EVD
 direct contact with a person suspected of being infected with Ebola virus
 direct contact with a dead body of a person who died of Ebola Virus Disease
 direct contact with ill/dead animal (bats, rodents, monkeys)

9. Date of leaving the country of Ebola occurrence: ___ / ___ / _____ (day/month/year):

10. Date of return to Poland: ___ / ___ / _____ (day/month/year)

11. Route of the international journey (with the stopovers).

--

12. Persons from the nearest surrounding

Name/Surname	Number of the contact phone	Address	Type of contact

Date

Seal & Signature of a doctor