

# EBOLA VIRUS DISEASE (EVD) CONTACT MONITORING FORM

## EV CONTACT INFORMATION: LOCAL/PROVINCIAL/TERRITORIAL USE ONLY

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Sex (male/female): \_\_\_\_\_ Age (years or months if under 2 years): \_\_\_\_\_  
 Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Pregnant (yes/no/unknown): \_\_\_\_\_  
 Date of Last Contact with EVD case (dd/mm/yyyy): \_\_\_\_\_  
 Date that is 21 days from last exposure (dd/mm/yyyy): \_\_\_\_\_  
 #Quarantine Unique ID (if applicable): \_\_\_\_\_

## CLINICAL INFORMATION

**DAY OF MONITORING (DD/MM/YYYY):** \_\_\_\_\_

### Temperature Recording (oral °C)

**Check 1: AM**  
 Time (hr:min): \_\_\_\_\_  
 Temp (°C): \_\_\_\_\_  
 Taken antipyretic meds: \_\_\_\_\_  
 Surname, Given Name \_\_\_\_\_

Signature \_\_\_\_\_

### Check 2: PM

Time (hr:min): \_\_\_\_\_  
 Temp (°C): \_\_\_\_\_  
 Taken antipyretic meds: \_\_\_\_\_  
 Surname, Given Name \_\_\_\_\_

Signature \_\_\_\_\_

### Symptoms

*(if an infant include: irritability  
 lethargy and/or poor feeding)*

- Feverish
- Malaise
- Myalgia
- Headache
- Arthralgia
- Fatigue
- Loss of Appetite
- Conjunctival Redness
- Sore Throat
- Chest Pain Abdominal
- Pain Nausea
- Vomiting
- Diarrhea (possible bloody)
- Hemorrhage

Erythematous Maculopapular Rash on  
 the Trunk  
 Other: \_\_\_\_\_

### Comments/Action Items

