

# Simple Ebola Assessment Tool



Has the patient had fever (subjective or  $\geq 100.4^{\circ}\text{F}$  or  $38^{\circ}\text{C}$ ) and/or ebola-related symptoms:

severe headache, muscle pain, weakness, diarrhea, vomiting, abdominal pain, or unexplained hemorrhage (bleeding or bruising)?

YES

NO

Has the patient traveled to Guinea, Liberia or Sierra Leone in the **last 21 days?**



YES

NO



**Immediately Isolate the patient and call your local health department.**



**Continue medical assessment.**



**Ebola precautions are not recommended.**