

## Student Travel History Questionnaire

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

School \_\_\_\_\_ Registration Personnel \_\_\_\_\_ Date \_\_\_\_\_

### **Please Answer All Questions**

*BASED ON THE FOLLOWING RESPONSES OR NURSE OBSERVATIONS, A STUDENT MAY BE SENT HOME AND/OR EXCLUDED FROM SCHOOL PROPERTY UNTIL FURTHER ASSESSMENT CAN BE CONDUCTED BY THE LOCAL HEALTH AUTHORITIES.*

- |  |     |    |
|--|-----|----|
| 1. Have you lived or traveled outside the United States within the past 21 days?   | YES | NO |
| 2. What countries have you traveled to or from in the past 21 days?<br>List all: _____<br>_____  |     |    |
| 3. Did you travel to Liberia, Sierra Leone, or Guinea in the last 21 days?<br>What date did you leave any of these countries?  | YES | NO |
| 4. What date did you leave to return to the US?  |     |    |
| 5. Have you had contact with anyone in the last 21 days that has traveled to an area of Ebola outbreak, including the areas in #3 above?<br>If yes, when was your last contact? _____<br>_____ | YES | NO |
| 6. Have you come in contact with or provided care to anyone with Ebola, having Ebola like symptoms, or who died from Ebola in the last 21 days? If yes, when? _____<br>_____                   | YES | NO |
| 7. If you answered yes to #6, have you been ill in the last 21 days?   | YES | NO |

I verify the above information to be true and accurate to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_  
Date \_\_\_\_\_

Student Temperature \_\_\_\_\_