Barth Family Dentistry, PSC
1821 Florence Pike #2, Burlington, KY 41005
Phone: 859-689-7700 Fax: 859-689-9641

EBOLA SCREENING

Patient Full Name (Print): _____ Phone#: _____

Patient's Full Address: _____

1). Have you traveled outside the United States within the last 30 days? Yes No

If Yes, Where: Liberia Sierra Leon New Guinea Nigeria Other: _____

Dates of Travel: _____

2). Have you been exposed to Ebola or been in contact with anyone who has been exposed to Ebola, within the last 30 days? Yes No

If Yes: Date of Exposure: _____

Where Exposure Occurred: _____

How Exposure Occurred: _____

Name, address & phone number…of the person who exposed you to Ebola: _____

_____

3). Are you experiencing Flu-like symptoms? Yes or No

(Such as:Fever 99.5F or higher Body Aches, Nausea/Vomitting)

Patient Signature: _____ Date: _____

Witness: _____

Updated: Jan. 1, 2016