

Field Investigation Form for Passengers Arriving From Ebola Virus Disease (EVD) Affected Countries.

(To be filled by MOH/PHI)

RDHS Area :

MOH Area :

PHI Area :

1. Name :

2. Age :

3. Sex :

4. Address :

5. Occupation :

6. Contact Numbers :

i. Home :

ii. Office :

iii. Mobile :

7. Country of embarkation : (Sierra Leone/ Liberia/ Guinea/ Nigeria / Democratic Republic of Congo)

8. Date of arrival to Sri Lanka :

9. Any contact with Ebola patient or suspected case during last 3 weeks (21 days) :

10. If yes How many days before :

11. Countries visited during last 3 weeks :

Symptoms and Signs :	First visit Date :	Second Visit Date :	Remarks :
Fever (develops within 21 days of after arrival to Sri Lanka)			
Body weakness			
Muscle pain			
Headache			
Skin rash and Red eyes			
Vomiting			
Diarrhea			
Signs of bleeding (i.e. eyes,nose,gums,ears,anus)			
Other			

12.

Address or places visited in Sri Lanka	Date / dates	District	MOH area	Remarks
1.				
2.				
3.				
4.				

13. Name and the contact numbers of the PHI:

Signature of PHI

Signature of MOH

* **Field investigations** should be conducted,

1. **As soon as possible** after receiving the notification and
2. **Two weeks after** receiving the notification and close supervision should be maintained.

** **Suspected cases** should **immediately referred to a qualified doctor** and **notified to Epidemiology unit/** respective Regional Epidemiologist (**RE**)

EPIDEMIOLOGY UNIT – 0112 681548, 0112 695112,

Dr. Madhawa - 0777 749456, Dr. Alinda – 0718 497408

*** Necessary **control and preventive measures** should be deployed **immediately**.

*** This form should be posted after the end of the supervision period to **Epidemiology unit and a copy should be sent to relevant Regional Epidemiologist (RE)**.

**** Currently Ebola Virus Disease (EVD) transmission countries are **Sierra Leone, Liberia, Guinea and Democratic Republic of Congo**.