

NEW ENROLLEE EBOLA SCREENING

School: _____

Student Name: _____

Date/Time: _____

1. Have you or any member of your immediate family traveled to Africa within the last 30 days?

2. I your family hosting an exchange student? If yes, from where?

Counselor Signature: _____

Contact Kent Owens at 355-2060 immediately if the student answers "yes" to any question.

H:bola.10/17/14

Rev. 11/14/14

Rev. 11/21/14

Rev. 8/12/15