West Virginia Department of Health and Human Resources

Text

Description automatically generated

**Returned Traveler Risk Monitoring Tool**

Traveler name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date monitoring started: \_\_\_\_\_\_\_\_\_\_\_\_ Date monitoring ends: \_\_\_\_\_\_\_\_\_\_\_

Name of person filling in this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Frequency of monitoring:**

* **HIGH RISK**: Daily for 21 days after travel from Uganda to monitor for symptoms.
* **LOWER RISK**: Twice weekly for 21 days after travel from Uganda.

**Monitoring Log: Check all that apply for each day of the monitoring period.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Symptoms** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** |
| No symptoms |  |  |  |  |  |  |  |  |  |  |  |
| Fever >100.4o F |  |  |  |  |  |  |  |  |  |  |  |
| Headache |  |  |  |  |  |  |  |  |  |  |  |
| Weakness |  |  |  |  |  |  |  |  |  |  |  |
| Fatigue |  |  |  |  |  |  |  |  |  |  |  |
| Diarrhea |  |  |  |  |  |  |  |  |  |  |  |
| Vomiting |  |  |  |  |  |  |  |  |  |  |  |
| Abdominal pain |  |  |  |  |  |  |  |  |  |  |  |
| Unexplained  bleeding/bruising |  |  |  |  |  |  |  |  |  |  |  |
| Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |

**NOTES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monitoring Log continued:**

Traveler name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Symptoms:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** |
| No symptoms |  |  |  |  |  |  |  |  |  |  |  |
| Fever >100.4o F |  |  |  |  |  |  |  |  |  |  |  |
| Headache |  |  |  |  |  |  |  |  |  |  |  |
| Weakness |  |  |  |  |  |  |  |  |  |  |  |
| Fatigue |  |  |  |  |  |  |  |  |  |  |  |
| Diarrhea |  |  |  |  |  |  |  |  |  |  |  |
| Vomiting |  |  |  |  |  |  |  |  |  |  |  |
| Abdominal pain |  |  |  |  |  |  |  |  |  |  |  |
| Unexplained  bleeding/bruising |  |  |  |  |  |  |  |  |  |  |  |
| Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |

**NOTES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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