

UN Medical Services Division
Clinical Assessment Form for UN Personnel Travelling INTO Ebola-Affected Countries

(For details of current outbreaks and their locations see <http://www.who.int/csr/don/archive/disease/ebola/en/>)

This form is to be used by UN health care providers to assess an individual's medical readiness BEFORE his or her travel into Ebola-affected countries.

Date and Time of this Assessment (dd/mm/yy): _____ Duty station: _____

A) UN STAFF/PERSONNEL DETAILS

First Name: _____ Last Name: _____ Index No: _____ DOB (dd/mm/yy): _____
Sex: M/F Current Duty Station: _____ Organization/Office: _____ Title: _____
Email: _____ Tel No: _____
Emergency Contact -- Name: _____ Tel No: _____ Email: _____

B) TRAVEL DETAILS

Name of country/ies, city, town, duty station travelling to (if known): _____

Estimated date of departure and date return for upcoming travel (dd/mm/yy) – Please attach itinerary if necessary:

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At your destination, how likely it is that you will encounter the following? (Please check off the boxes that apply):

	Very Likely	Possible	Not Likely	Please elaborate if "Very Likely" or "Possible"
<i>Work in a health care setting? (If yes, please describe healthcare activities you will undertake and the exact location.)</i>				
<i>Visit any health care facility/ies (if yes, please describe your planned activities there.)</i>				
<i>Visit or have casual contact with a suspect/confirmed Ebola patient [Casual contact is defined as being within 3 feet of the patient, having brief direct contact (eg shaking hands) without wearing recommended PPE.]</i>				
<i>Come into contact with family or household members in this country who may have suspect/confirmed Ebola?</i>				
<i>Come into contact with body fluids of a live or dead individual known or strongly suspected to have Ebola virus disease either <u>directly</u>, e.g. handled blood, urine, or <u>indirectly</u>, e.g. soiled clothes or bedding?</i>				
<i>Have close contact with a live or dead individual known or strongly suspected to have Ebola virus disease?</i>				
<i>Be involved in the funeral preparations of an individual known or strongly suspected to have Ebola virus disease?</i>				
<i>Handle clinical/laboratory specimens (blood, urine, faeces, tissues, laboratory cultures) from a live or dead individual or animal known or strongly suspected to have Ebola virus disease?</i>				
<i>Come into contact with the body fluids of, or had direct contact with, a live or dead individual or animal, known or strongly suspected to have Ebola virus disease (e.g. routine patient care, transport of patient, resuscitation, autopsy)?</i>				
<i>Receive any intra-muscular or intrav-venous injections while in your destination?</i>				

None of the above

C) MEDICAL READINESS CHECKLIST

Prior to your upcoming travel, the UN staff or personnel should be provided the following. Please check off the boxes to confirm that he or she has received the following:

- A travel advisory hand out explaining the necessary Ebola virus disease precautions to take at destination;
- The contact information of a local health care provider / facility in the destination in case he or she has any health concerns; and
- If a health care worker, or planning to work in a health care setting – he or she has been provided or know where to access all necessary personal protective equipment¹. He or she has also reviewed training material or received training on how to use it.

D) RESULTS OF MEDICAL ASSESSMENT

After my interview/exam of the UN staff or personnel, my medical assessment is as follows:

- Can travel to destination. He/she has a clear understanding of the main preventive measures, and if is a health care worker planning to undertake direct patient contact, he or she can access and has been trained on how to use PPE.
- Cannot travel to destination. Please explain: _____

I certify that this clinical and medical assessment has been completed and appropriate follow up actions taken for this individual.
Please Check here.

SIGNATURE OF HEALTH CARE PROVIDER: _____ DATE SIGNED: _____ Duty Station: _____

Name: _____ Title: _____ Tel: _____ Email: _____

Please feel free to contact Dr Esther Tan at msdpublichealth@un.org or +1-917-353-5387 should you have any questions.

¹ Please refer to WHO's " *Interim Infection prevention and control guidance for care of patients with Suspected or Confirmed Filovirus Haemorrhagic fever in health-care settings, with focus on Ebola* " (August 2014), available at http://www.who.int/csr/bioriskreduction/filovirus_infection_control/en/