

Self-Checklist for Travelers from Ebola Virus Disease (EVD) Quarantine Inspection Required Area

1. Traveler Information						
1.1 Name			1.2 Sex	☐ Male ☐ Female		
1.3 Nationality (Nationality on passport)			1.4 Passport Number			
1.5 Contact Number (In Korea)			1.6 Date of Birth			
2. Travel History ⇨ Countries travelled to in the past 21 days						
2.1 Korea Immigration Information	Departure Date	Year	Month	Date		
	Entry Date	Year	Month	Date	Time:	
	Entry Method	☐ Air (Flight Number: Airline:) ☐ Ship				
2.2 Countries (Regions) Visited (Resided) Prior to Entry	Country Name	City Name	Duration	Transit in Airport (Transfer)	Number of Companion	
			~	☐ Yes		
			~	☐ Yes		
			~	☐ Yes		
			~	☐ Yes		
2.3 Health Conditions and Symptoms	Temperature	Symptoms				
	()°C	☐ Severe Headache ☐ Muscle pain ☐ Vomiting ☐ Diarrhea ☐ Abdominal pain ☐ Unexplained Bleeding ☐ Thrombocytopenia ☐ Skin rash (Erythematous maculopapular rash on the trunk with fine desquamation 3-4 days after rash onset) ☐ Other symptoms ()				
3. Exposures to Risk Factors ⇨ Applicable within the past 21 days Yes/No/Unknown Tick in ☐						
A	A: Did you participate or engage in activities, such as the following, with a high risk of being exposed to (be in contact with) suspected or infected (deceased) EVD patient?			☐ Yes	☐ No	☐ Unknown
	1. Percutaneous Exposure (e.g. pricked by a used needle, cut by a knife)			☐ Yes	☐ No	☐ Unknown
	2. Contact with broken skin or a mucous membrane such as eyes, nose, mouth, etc.			☐ Yes	☐ No	☐ Unknown
	3. High-risk work [‡] without appropriate Personal Protective Equipment (PPE) [†] [†] Non-usage of, improper or incomplete usage of PPE [‡] Treating, nursing, caring, transporting, specimen collection and handling, performing autopsy, preparing (the deceased) body, waste management, etc.			☐ Yes	☐ No	☐ Unknown
	4. Direct physical contact (nursing, etc) while living or staying in the same household			☐ Yes	☐ No	☐ Unknown
	5. Other high-risk work (duties): (specify)			☐ Yes	☐ No	☐ Unknown
B	B: Did you participate or engage in activities, such as the following, with a low risk of being exposed to (be in contact with) suspected or infected (deceased) EVD patient?			☐ Yes	☐ No	☐ Unknown
	1. Participated in medical treatment, volunteer work, aid work or missionary work			☐ Yes	☐ No	☐ Unknown
	2. Visited a healthcare facility (for treatment, visitation, etc)			☐ Yes	☐ No	☐ Unknown
	3. Attended a funeral			☐ Yes	☐ No	☐ Unknown
	4. Visited a cave or mine			☐ Yes	☐ No	☐ Unknown
	5. Been in contact with, handled or ingested animal (fruit bat, monkey, gorilla, chimpanzee, antelope, etc.) or animal carcasses			☐ Yes	☐ No	☐ Unknown
C	C: Have just simply visited the EVD affected country and have not done any high-risk work or activities mentioned in A or B			☐ Yes	☐ No	☐ Unknown

For Inspector Use

Screening Date	Year Month Date Time:	Inspector	Position:
			Name:
			Contact:
Risk Classification	☐ High Risk (A) ☐ Moderate Risk (B) ☐ Low Risk (C)	Inspection Results	☐ Suspected Patient / Symptomatic following screening ☐ Send to temporary quarantine facility/ local government
Ebola Symptoms	☐ Applicable ☐ Not Applicable		Notes :