

Agreement for Persons with Some Risk for Ebola Exposure

XX Health District
City, Virginia

Dear Traveler:

The Centers for Disease Control and Prevention (CDC) has defined some risk of Ebola exposure as direct contact while using personal protective equipment (PPE) with a person ill with Ebola in a country with widespread transmission or close contact (within 3 feet) of a person ill with Ebola in a household, healthcare facility, or community setting without PPE. You may have had this sort of contact with the Ebola virus and have some risk of developing illness. Because the disease causes serious illness, strong measures must be taken to stop its spread. The [xxx Health Department] hereby directs you to agree to the precautions outlined in this letter for 21 days since your last day of exposure. That is, from today until [insert last day of symptom monitoring.]

Symptoms of Ebola virus disease (EVD) include: fever, headache, muscle aches, weakness, diarrhea, vomiting, stomach pain, and bleeding (inside and outside of the body). Symptoms can start anywhere from 2 to 21 days after coming into contact with the virus, although 8-10 days is most common. Ebola is spread through the blood or bodily fluids (such as saliva, sweat, vomit, and diarrhea) of a sick person or through exposure to contaminated objects such as needles. People can spread the disease once symptoms begin; therefore, early recognition of symptoms and prevention of contact with others are keys to stopping the spread of Ebola virus disease.

1. You will be permitted to engage in the following usual activities:

- Live in your usual home and engage in usual family and friend interactions.
- Travel within the community on foot or by private vehicle.
- Run errands to meet essential needs, including grocery shopping, visiting pharmacies, etc., but maintaining a minimum of three feet distance from others and avoiding peak hours when the stores are most crowded.
- Teleworking as allowed by your employer.
- Small group gatherings where all attendees are known and can be identified later. Again, the three feet distance requirement should be maintained to the extent possible.
- Interactions where at least three feet of distance can be maintained from strangers.

2. You must refrain from the following activities:

- Work, school, or daycare at the usual site
- Travel on mass transit (bus, subway, train, plane)
- Attendance at large gatherings (concerts, ball games, movies, gyms, restaurants, etc.)

3. Limit your movement and only travel with permission from the [enter Health District name].

- Local health department should discuss anticipated daily routines, including running errands to meet essential needs.
- Travel within your community must be in a private vehicle and you shall refrain from any type of travel other than the specific itinerary that has been approved by the [enter Health District name].
- During your approved travel, the public health authority still must have the ability to make daily contact with you to verify your health status. In addition, suitable healthcare services must be readily available in the area where you plan to visit.
- If you have specific situations that you would like the health department to consider approving, discuss them with your public health contact person and request an exception.

4. Monitor your health twice a day.

- Measure your temperature twice a day (once in the morning and once in the evening) and record the temperatures on the log that you have been given. It is good to take your temperature at around the same times each morning and evening. Do not eat or drink anything for 30 minutes before taking your temperature, and do not take any fever-lowering medications (aspirin, Tylenol, Aleve, etc.).
- Monitor for other symptoms of EVD daily, and record the findings on the log that you have been given.
- [enter Health District name] will call and visit you every day to see if you have developed a fever or any other symptoms of EVD. You must provide a phone number and address where you can be reached every day until [insert last day of symptom monitoring]

5. Notify your local health department if you develop a fever or any other symptoms of EVD. If you are very ill or if it is a medical emergency, seek medical attention immediately.

- If you feel feverish or develop other symptoms and are not certain whether you should seek medical care, please call your health department contact. Your contact at the local health department will help you determine what you should do next.
- If it is determined that you should go to an emergency department for further evaluation, your health department contact will tell you what near-by emergency departments can provide the care you need and where they are located.
- Your health department contact will call the emergency department and tell them to expect you. When you arrive at the emergency department, you should go straight to the receptionist so that you can be placed in a private room. Ask the emergency department staff to contact the local health department so they know you have arrived and are being evaluated.

- If possible, and if it is not a medical emergency, you should have a family member or friend drive you in a private car. Do not take public transportation (such as a train, subway/metro, bus, taxi). Carry any paperwork (for example: fever chart and local health department contact information) with you so you can show them when you arrive at the emergency department.
- If you have no other transportation available, your local health department contact may be able to assist you in arranging transportation. In some cases transport by ambulance may be needed.
- If you become very ill and it is a medical emergency, call 9-1-1. Tell the operator about your travel history and symptoms and let the ambulance crew know when they arrive.

Health Department: _____

Telephone Number: _____

Contact Name: _____

For more information, call your doctor or health department, or visit the Centers for Disease Control and Prevention's website at <http://www.cdc.gov/vhf/ebola/>.

Sincerely,

District Health Director

Traveler Agreement

By signing below, I acknowledge receiving and understanding the public health recommendation to limit my travel, restrict my work and social activities, monitor my health for 21 days **from now, [Date] until** _____ **[insert last day of symptom monitoring]**, for signs and symptoms of Ebola virus disease and to notify public health and a healthcare provider if I develop any signs of illness.

I understand that failure to comply with the terms of this Agreement may subject me to legal action in the form of an involuntary order of quarantine or isolation, pursuant to the law of the jurisdiction in which I reside or am located.

I understand that this Agreement remains in effect until I have been notified in writing by the **[enter Health District name]** that I am released from my obligations under this agreement.

Printed Name:

Signature:

Date