

# Brentwood Hospital

Patient Sticker

**TB SCREEN: Check all that apply**

<b>Persistent Cough</b>	<b>Yes</b>	<b>No</b>
<b>Bloody Sputum</b>	<b>Yes</b>	<b>No</b>
<b>Fever &gt;2 weeks</b>	<b>Yes</b>	<b>No</b>
<b>Anorexia &gt;2 weeks</b>	<b>Yes</b>	<b>No</b>
<b>Weight Loss &gt; 2 weeks</b>	<b>Yes</b>	<b>No</b>
<b>Night Sweats</b>	<b>Yes</b>	<b>No</b>

**If yes to 2 or more, notify the Infection Control Nurse.**

## **Ebola Virus Screening**

**Symptoms may appear anywhere from 2-21 days after exposure, but the average is 8-10 days**

**Risk Factors:**

**Has the patient visited or resided in Guinea, Liberia, Sierra Leone, Nigeria or any other West African country in the last month? Yes or No**

**Have you come in contact with anyone who has visited or resided in one of the above in the last month? Yes or No**

**If yes, please contact the Infection Control Nurse.**

<b>Date/Time of Evaluation:</b>	<b>Date:</b>	<b>Time:</b>
<b>Signature of Completing Clinician:</b>		