

Student Travel History-Enrollment Questionnaire

Student Name:		Date:
1.	Have you or anyone in your family live transmission?	ed in or traveled to a country with widespread Ebola
	o Yes o No	
2.	Have you or anyone in your family ha Disease within the previous 21 days?	nd contact with an individual with confirmed Ebola Virus
	o Yes o No	
Printed na	ame of person completing form	Signature of person completing form
If Y	ES is answered to any of these questio	ons, please contact the school health clinic.
If NO is answered to all of these questions		s, proceed with enrollment process.