

**National Centre for Disease Control
22, Sham Nath Marg, Delhi 110054**

Proforma for case of suspected Ebola Virus Disease

**Name of the Hospital/
Institution**

Hospital IP/OP number

Name

Age/Gender

Fathers Name

Complete address

**History of travel to the
following African countries
in last 21 days: Liberia,
Guinea, Sierra Leone &
Nigeria**

Yes/No

**If Yes, which one:
When (dates):**

Date of return:

**History of contact with the blood or
bodily fluids of an Ebola infected
symptomatic person or though infected
objects**

Yes/No

If yes, please give the details:

Signs & Symptoms

Date of onset of fever

Date of admission:

Hemorrhages

Yes/ No , if yes, site:

**Gums/Haematemesis/malena/Conjunctiva/Epistaxis/Purpura/Petechiae/
Ecchymosis**

Any other site (specify)

Headache/Joint aches/Muscle aches/Diarrhea/Vomiting/Stomach pain

Condition of the patient Stable/critical

**Date of collection of
sample**

Signatures , Name & Designation