

**WICHITA FALLS ENDOSCOPY CENTER**

1500 9<sup>TH</sup> Street  
Wichita Falls, TX 76301  
(940)761-9034

**Recent Travel**

Have you traveled outside of the United States of America within the past 30 days?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, did you travel to an Ebola-affected area (e.g. A West-Africa Country)?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Have you been exposed to anyone who traveled outside of the country and is ill?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, what was the date of contact \_\_\_\_\_ and the type of contact?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date