* CONTACT INVESTIGATION ID	* CONTACT NAME OR INITIALS	* CONTACT PHIN

Manitoba
Health, Seniors and Active Living

SUSPECTED EBOLA EXPOSURE – CONTACT INVESTIGATION FORM

I. CONTACT INFORMATION

SUBJECT > CLIENT DETAILS > PERSONAL INFORMATION

1. *LAST NAME	2. *FIRST NAME	3. *DATE OF BIRTH (YYYY-MM-DD)

4. *SEX	5. *GENDER IDENTITY (VOLUNTARY, SELF-REPORTED)	6. IF OTHER GENDER IDENTITY, SPECIFY
☐ FEMALE ☐ INTERSEX ☐ MALE ☐ UNKNOWN	☐ CISGENDER (SAME AS SEX AT BIRTH) ☐ TRANSGENDER PERSON ☐ DECLINED ☐ TRANSGENDER MAN ☐ TRANSGENDER WOMAN ☐ OTHER (SPECIFY)	

7. *REGISTRATION NUMBER (FORMER MHSC)	8. *HEALTH NUMBER (PHIN)	9. ALTERNATE ID
6 DIGITS | UPPERCASE ALPHANUMERIC	9 DIGITS	SPECIFY TYPE OF ID

10. *ADDRESS AT TIME OF INVESTIGATION ➔ ☐ ADDRESS IN FIRST NATION COMMUNITY	11. *CITY/TOWN/VILLAGE

12. *PROVINCE/TERRITORY	13. *POSTAL CODE (A#A #A#)	14. *PHONE NUMBER (### - ### - ####)

RACIAL/ETHNIC IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED)			☐ DECLINED
☐ AFRICAN	☐ BLACK	☐ CHINESE	☐ OTHER (SPECIFY)
☐ FILIPINO	☐ LATIN AMERICAN	☐ NORTH AMERICAN INDIGENOUS	
☐ SOUTH ASIAN	☐ SOUTHEAST ASIAN	☐ WHITE	

INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED)			FIRST NATIONS STATUS (VOLUNTARY, SELF-REPORTED)	
○ FIRST NATIONS	○ METIS	○ INUIT	○ STATUS	○ NON-STATUS
○ NOT ASKED	○ DECLINED		○ NOT ASKED	○ DECLINED

II. INVESTIGATION INFORMATION

INVESTIGATION >INVESTIGATION INFORMATION

15. *DISEASE = VIRAL HEMORRHAGIC FEVER - EBOLA	16. *CLASSIFICATION = CONTACT – PERSON UNDER INVESTIGATION
17. *INVESTIGATION DISPOSITION	○ FOLLOW-UP COMPLETE ○ UNABLE TO LOCATE ○ PENDING
18. *RESPONSIBLE ORGANIZATION	○ WRHA ○ NRHA ○ PMH ○ SH-SS ○ IERHA ○ FNIHB

III. SIGNS AND SYMPTOMS

INVESTIGATION > SIGNS AND SYMPTOMS

19. SYMPTOMS	EARLIEST SYMPTOM ONSET DATE
○ ASYMPTOMATIC ○ SYMPTOMATIC	YYYY-MM-DD

CHECK ALL SIGNS AND SYMPTOMS THAT APPLY IF SYMPTOMATIC

☐ ABDOMINAL PAIN/CRAMPING	☐ NAUSEA	☐ RED EYE
☐ CHEST PAIN	☐ LOSS OF APPETITE	☐ SORE THROAT
☐ DIARRHEA	☐ JOINT PAIN (ARTHRALGIA	☐ VOMITING
☐ FATIGUE, LETHERGY	☐ MALAISE	☐ UNEXPLAINED HEMORRHAGE
☐ FEVER	☐ MUSCLE PAIN (MYALGIA	☐ OTHER (SPECIFY)
☐ HEADACHE	☐ RASH, MACULOPAPULAR	

IV. SENSITIVE ENVIRONMENT/OCCUPATION

INVESTIGATION > INVESTIGATION INFORMATION

☐ HEALTH CARE FACILITY – RESIDENT/PATIENT ☐ HEALTH CARE FACILITY – WORK/VOLUNTEER
☐ LABORATORY WORKER ☐ ANIMAL HANDLER (ABBATOIR, VETERINARIAN, FARMER, HUNTER)

SPECIFY DETAILS (INCLUDING WHETHER IN AN AREA KNOWN TO BE ENDEMIC FOR EBOLA DISEASE OR WITH AN OUTBREAK)

* CONTACT INVESTIGATION ID	* CONTACT NAME OR INITIALS	* CONTACT PHIN

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V. RISK FACTOR INFORMATION

SUBJECT > RISK FACTORS

20. COMPLETE THE FOLLOWING AND SPECIFY LOCATIONS (COMMUNITY/PROVINCE/COUNTRY AND TYPE OF SETTING (URBAN/RURAL))	
☐ ANIMAL OR ANIMAL WASTE CONTACT (SPECIFY IF CONTACT WITH BATS, PRIMATES, WILD ANUMAL BUSH MEAT, OR OTHER ANIMAL CONTACT IN ENDEMIC AREAS) SPECIFY	☐ HISTORY OF RESIDENCE (VISITING) IN AN ENDEMIC COUNTRY SPECIFY LOCATIONS (COMMUNITY, PROVINCE, COUNTRY AND TYPE OF SETTING (URBAN/RURAL))
☐ CONTACT TO A NEW OR PREVIOUSLY DIAGNOSED CASE SPECIFY INFECTION AND DATE(S) YYYY-MM-DD	☐ OCCUPATIONAL EXPOSURE (E.G. HUMANITARIAN VOLUNTEER, FUNERAL DIRECTOR) SPECIFY INCLUDING DETAILS ON PPE, BREACHES, AND DATES YYYY-MM-DD
☐ CONTACT WITH SOMEONE WITH SIMILAR ILLNESS SPECIFY DETAILS AND DATES YYY-MM-DD	☐ OTHER RISK FACTOR (E.G. DESCRIBE TYPE OF CONTACT WITH INDIVIDUALS IN THE OUTBREAK AREA – CLOSE CONTACT, SEXUAL CONTACT)

VI. ACQUISITION EXPOSURE

INVESTIGATION EXPOSURE > EXPOSURE SUMMARY > ACQUISITION EVENT DETAILS

21. EXPOSURE NAME:	22. EXPOSURE ORGANIZATION
23. POTENTIAL MODE OF ACQUISITION ○ ANIMAL TO PERSON ○ BLOODBORNE ○ DIRECT CONTACT ○ SEXUAL CONTACT	
24. EXPOSURE START DATE SPECIFY START DATE OF EXPOSURE YYYY-MM-DD	25. EXPOSURE END DATE SPECIFY END DATE OF EXPOSURE YYYY-MM-DD
26. EXPOSURE LOCATION NAME: (INCLUDE DETAILS OF EXPOSURE AND EXPOSURE LOCATION) SPECIFY LOCATION DESCRIPTION:COMMUNITY/PROVINCE/COUNTRY	

VII. INTERVENTIONS

INVESTIGATION > TREATMENT AND INTERVENTIONS >INTERVENTIONS SUMMARY

27. INTERVENTIONS	START DATE	END DATE
☐ QUARANTINE	YYYY-MM-DD	YYYY-MM-DD

VIII. REPORTER INFORMATION

28. COMPLETED BY (PRINT NAME)	29. FACILITY NAME/ ADDRESS/ PHONE #
SIGNATURE	
30. FORM COMPLETION DATE (YYYY-MM-DD)	

PLEASE SUBMIT THIS FORM BY SECURED FAX OR COURIER TO THE MANITOBA HEALTH SURVEILLANCE UNIT.
4050 – 300 CARLTON ST. WINNIPEG, MB | CONFIDENTIAL FAX 204-948-3044
AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES IS (204) 788-8666.

MHSU-0004 (2026-07)- **SUSPECTED EBOLA EXPOSURE – CONTACT INVESTIGATION FORM**
THIS FORM (AND GUIDANCE FOR COMPLETION) IS AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT:
HTTP://WWW.GOV.MB.CA/HEALTH/PUBLICHEALTH/SURVEILLANCE/FORMS.HTML

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