FAX COMPLETED FORM TO LHJ; DO NOT SUBMIT DIRECTLY TO DOH

Review criteria for Zika virus testing through public health before submitting this form

All symptomatic patients with travel should be tested for dengue and chikungunya at a commercial laboratory

Date:_____

Zika Virus Intake Form

PATIENT

Last name:_____ **First name**:_____**DOB**: ___/___/_____

Sex: ☐ Male ☐ Female Race:_____ Ethnicity: _____ **County**: _____

Patient Address:_____ Phone Number:_____

SUBMIT BY

Physician / Hospital / Lab / Clinic name:

_____

Contact name:_____Phone:_____Fax:_____

EPIDEMIOLOGY

Date of Symptom Onset:_____

OR ☐ **Asymptomatic pregnant woman**

Symptoms *(check all) if patient is not pregnant, must have 2*:

☐ **Fever**

☐ **Rash**

☐ **Conjunctivitis**

☐ **Arthralgia** ☐ Other: _____

Patient pregnant? ☐No ☐Yes

Estimated Delivery Date: _____/_____/_____

OR # weeks gestation currently:_____

Fetal/infant anomalies:

☐ None ☐ Unk ☐ Microcephaly

☐ Intracranial calcifications ☐ Fetal demise

☐ Other: _____

EXPOSURE HISTORY

Patient traveled to an area with Zika transmission?

□ Unk □ No □ Yes, **countries of travel**:_____

Date of departure from US: ____/____/_____ Date of return to US: ____/____/_____

REGARDLESS OF TRAVEL HISTORY: Unprotected sex with sexual partner who traveled to an area with Zika virus transmission: □ N/A □ unk □ No □ Yes, **Date of last unprotected sex**:_____/_____/_____

Countries of sexual partner travel:_____

Date of departure: ____/____/_____ Date of return: ____/____/_____

Infant with maternal history of exposure during pregnancy?

□ N/A □ unk □ No □ Yes, date of last possible maternal exposure (travel or sex):____/_____/_____

Maternal Zika test result: ☐ Not tested ☐ Positive ☐ Inconclusive ☐ Negative

LAB RESULTS

Commercial Lab Results

	PCR serum	PCR urine	IgM serology
Zika	□ Pos □ Neg □ Not done	□ Pos □ Neg □ Not done	□ Pos □ Neg □ Not done
Chikungunya	□ Pos □ Neg □ Not done		□ Pos □ Neg □ Not done
Dengue	□ Pos □ Neg □ Not done		□ Pos □ Neg □ Not done

NOTES

Notes:

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