NEDSS ID: Testing Approved ☐ Yes ☐ No
Approved by

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Zika Virus Interim Surveillance

PERSON COMPLETING FORM (Date form completed):

Name	Affiliation
Phone	FAX

PATIENT INFORMATION

Last	First	MI
DOB	Age	Sex ☐ Male ☐ Female
Street	City	State and Zip
Phone 1	Phone 2	County
Place of Work/Occupation:	Country of Birth:	
Hispanic/Latino ☐ Yes ☐ No ☐ Unknown Race (select all that apply) ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/other PI ☐ White ☐ Unknown ☐ Other		

CLINICAL INFORMATION

Date of Symptom Onset:	OR ☐ Asymptomatic		
Hospitalized? ☐ Yes, hospital:			☐ No ☐ Unknown
Admission date:		Discharge date:	
Outcome	☐ Survived ☐ Died	☐ Unknown	
Autopsy performed?	☐ Yes ☐ No	☐ Unknown	

SYMPTOMS AND CLINICAL SYNDROME

Fever	☐ Yes, temp:	☐ No ☐ Unknown	
Rash ☐ Yes ☐ No ☐ Unknown Rash pruritic (itchy)? ☐ Yes ☐ No ☐ Unknown Rash description ☐ Macular ☐ Papular ☐ Petechial ☐ Purpuric ☐ Other Rash distribution:			
Conjunctivitis	☐ Yes ☐ No ☐ Unknown	Myalgia	☐ Yes ☐ No ☐ Unknown
Arthralgia	☐ Yes ☐ No ☐ Unknown	Vomiting	☐ Yes ☐ No ☐ Unknown
Headache	☐ Yes ☐ No ☐ Unknown	Diarrhea	☐ Yes ☐ No ☐ Unknown
Other symptoms (provide details):			
Guillain-Barré syndrome/acute flaccid paralysis	☐ Yes ☐ No ☐ Unknown		
Microcephaly	☐ Yes ☐ No ☐ Unknown		

LABORATORY INFORMATION

Date collected	Specimen type	Test	Result	Laboratory	Date reported

RISK FACTOR INFORMATION

Recent travel? ☐ Yes ☐ No ☐ Unknown Countries visited:	Travel reason? ☐ Tourism ☐ Business ☐ Visiting friends & relatives ☐ Relocating to U.S. Any mosquito exposures? ☐ Yes ☐ No ☐ Unknown
Departure date from US:	Return date to US:

Is patient pregnant? ☐ Yes ☐ No ☐ Unknown	Due date:
Date of last menstrual period (LMP):	Weeks pregnant:
Expected delivery hospital:	
Ultrasound performed? ☐ Yes (date: ; weeks pregnant) ☐ No ☐ Unknown	
Was ultrasound normal? ☐ Yes ☐ No ☐ Unknown	
If abnormal ultrasound, describe:	

Unprotected sex with person who traveled to or resides in an affected area?	☐ Yes ☐ No ☐ Unknown
Date of most recent condomless sex:	
Was sex partner symptomatic?	☐ Yes ☐ No ☐ Unknown
Did patient donate blood 2 weeks before or after onset?	☐ Yes ☐ No ☐ Unknown
Do household/travel contacts have similar illness?	☐ Yes ☐ No ☐ Unknown

DISEASE AND VACCINATION HISTORY

Previously vaccinated against:	Yellow fever	☐ Yes (date:)	☐ No	☐ Unknown
	Japanese encephalitis	☐ Yes (date:)	☐ No	☐ Unknown
	Tickborne encephalitis	☐ Yes (date:)	☐ No	☐ Unknown

History of:	Dengue	☐ Yes (date:)	☐ No	☐ Unknown
	Chikungunya	☐ Yes (date:)	☐ No	☐ Unknown
	West Nile virus	☐ Yes (date:)	☐ No	☐ Unknown

PROVIDER INFORMATION

Name	Title
Affiliation	
Phone	FAX
Address (street, city, state, zip)	