Zika Virus Specimen Submission Screening Form

(Specimens will also be tested for dengue & chikungunya due to factors such as cross-reactivity)

Screened By: _____ **Phone:** _____ **Date Screened:** _____

PATIENT DEMOGRAPHIC INFORMATION

Name: _____		
Date of Birth: _____	**Age:** ____ **Years**	
Sex: ☐ Male ☐ Female	**Pregnant:** ☐ Yes ☐ No ☐ Unknown	**If Yes, Due Date:** _____
Race: ☐ White ☐ Black ☐ Asian ☐ Pacific Islander ☐ American Indian/Alaskan Native ☐ Not Specified ☐ Refused	**Hispanic Ethnicity** ☐ Yes ☐ No ☐ Unknown ☐ Refused	
Clinical Diagnosis (if applicable): ☐ ZIKV ☐ CHIKV ☐ DENV ☐ Other		
Vital Status: ☐ Alive ☐ Deceased	**If Deceased, Date of Death:** _____	
Address: _____	**City:** _____	
State: _____	**Zip:** _____	**County:** _____
Home Phone: _____	**Cell Phone:** _____	**Other:** _____

PHYSICIAN INFORMATION

Physician Name: _____	**Facility Name:** _____	
Address: _____	**City:** _____	
State: _____	**Zip:** _____	**County:** _____
Phone: _____	**Fax:** _____	**Email:** _____

PATIENT SYMPTOMS

State of Illness: ☐ Symptomatic ☐ Asymptomatic ☐ Recovered ☐ Acute ☐ Chronic	
Signs and Symptoms (if applicable): ☐ Acute Fever ☐ Rash ☐ Arthralgia ☐ Conjuctivitis ☐ Others (list): _____ ☐ Neurological Signs (list): _____	**Date of Symptom Onset:** _____ **Days Between Symptom Onset and Specimen Collection:** _____

EXPOSURE HISTORY

A. PATIENT TRAVEL

History of Travel: ☐ Yes ☐ No	**Dates of Travel:** _____ to _____
Foreign Travel Destinations:	**Domestic Travel Destinations:**
History of Residence in Foreign Country: ☐ Yes ☐ No	**If Yes, Country:** _____
Date Patient Entered the US: _____	
Patient Bitten by Mosquitoes During Travel: ☐ Yes ☐ No ☐ Unknown	

Continued on Page 2

B. Sexual Transmission ☐ Not Applicable (Skip to Exposure C)

Unprotected Sex with a Partner with Zika Virus Exposure: ☐ Yes ☐ No ☐ Unknown **If Yes, Date of Last Unprotected Sexual Contact with this Partner:** _____	
Partner History of Travel: ☐ Yes ☐ No ☐ Unknown	
Partner Travel Destinations: _____	
Dates of Travel: _____ to _____	**Date Partner Entered the U.S.:** _____
Partner Bitten by Mosquitoes During Travel: ☐ Yes ☐ No ☐ Unknown	
In the absence of travel, did this partner have unprotected sex with a person who had either traveled to an area with Zika Virus activity OR was diagnosed with Zika Virus Disease in Past 6 months: ☐ Yes ☐ No ☐ Unknown **If Yes, Date of Last Unprotected Sexual Contact:** _____	
Partner State of Illness: ☐ Symptomatic ☐ Asymptomatic ☐ Recovered	
Partner Signs and Symptoms (if applicable): ☐ Acute Fever ☐ Rash ☐ Arthralgia ☐ Conjuctivitis ☐ Others (list): _____ ☐ Neurological Signs (list): _____	**Partner Date of Symptom Onset:** _____
Was Partner Diagnosed with Zika Virus Disease: ☐ Yes ☐ No ☐ Unknown	
Partner Date of Diagnosis for Zika Virus Disease (if applicable): _____	

C. Intrapartum Transmission ☐ Not Applicable

For Infants, Onset of Symptoms was Within First 2 Weeks of Life: ☐ Yes ☐ No	
If Yes, Mother's History of Travel: ☐ Yes ☐ No ☐ Unknown	
Mother's Travel Destinations: _____	
Mother's Dates of Travel: _____ to _____	**Date Mother Entered the U.S.:** _____

Patient Vaccination, Prior Illness

Immunization History: ☐ Yellow Fever ☐ Japanese Encephalitis ☐ Dengue ☐ None ☐ Unknown	
History of Infection with: ☐ West Nile Virus ☐ Dengue Fever ☐ Chikungunya ☐ None ☐ Unknown	
Approximate Dates(s) of Prior Infection (if applicable): _____	

Notes/Comment:

Missouri DHSS Office Use Only:

Approved ☐ Yes ☐ No _____ Date Approved: _____

Approval Grantor