

ID EPI ZIKA VIRUS DISEASE SUPPLEMENTAL FORM

Patient Name: Last: _____ First: _____

Date of Birth: _____ **Gender:** Male Female Pregnant, if yes: **Gestational Weeks:** _____

Ordering Provider: _____ **Phone:** _____

Fax: _____

<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic, Onset Date: _____ <input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> Arthralgia <input type="checkbox"/> Conjunctivitis <hr style="width: 50%; margin-left: 0;"/> <input type="checkbox"/> Myalgia <input type="checkbox"/> Headache <input type="checkbox"/> Other: _____	<p style="text-align: center;">Travel: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> Area: _____ Travel Dates: _____ Travel Reason: _____ <p style="text-align: center;">Sexual Partners with Travel to Affected Area</p> Area: _____ Travel Dates: _____ Date of Last Unprotected Sex: _____
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<p><u>FOR ID EPI USE ONLY</u></p> <p>Testing Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____</p> <p>Epidemiologist: _____ Date: _____</p>

Patient Information:

Race: White Black Asian Other: _____ **Hispanic/Latino:** Yes No

Language: English Spanish Other: _____

Street Address: _____

City: _____ **Zip Code:** _____

Parish: _____ **Phone:** _____

If Pregnant: Last Ultrasound Date: _____

Ultrasound Results: Normal Abnormal Unknown

Previous Infections	Previous Vaccinations
Dengue: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Yellow Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Chikungunya: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Japanese Encephalitis: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
West Nile Virus: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Tickborne Encephalitis: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

PLEASE FAX THIS COMPLETED FORM TO (504) 568-8290 BEFORE SUBMITTING TO THE LAB.
IF THERE ARE ANY ADDITIONAL QUESTIONS, PLEASE CONTACT EPI AT (800) 256-2748