



Date: _____

Health Care Provider Information

Name (First, Last): _____ Practice Phone #: _____
Practice Address: _____

Patient Information

Name (First, Last): _____ Age: _____ Gender _____ Race _____
Pregnant _____ Gestational age (in weeks) _____
Address: _____ Phone #: _____

Travel and Potential Flavivirus Exposure

I would like to ask you about if you might have been exposed to Zika virus or related viruses before.

Did you travel outside the United States (or to a US territory: Puerto Rico, USVI, Am Samoa) in the last two weeks?

Yes No **or in the last six months?** Yes No

If yes: Name of country(s): _____
Dates of travel: Start date: ___/___/___ End date: ___/___/___

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Medical Information

[In the past month], have you had any of these symptoms? New for you, not long standing problems.

Fever Yes No If yes, first date with this ___/___/___ How many days did it last? _____
(report of subjective fever is acceptable)

Rash Yes No If yes, first date with this ___/___/___ How many days did it last? _____
Was the rash itchy? Yes No
(NOT asking about localized rash or secondary to topical exposures)

Conjunctivitis (not allergic type) Yes No
If yes, first date with this ___/___/___ How many days did it last? _____

Joint Pain Yes No If yes, first date with this ___/___/___ How many days did it last? _____
(NOT chronic or post-trauma pain)

For this illness, did you go to a clinic/hospital to be checked? Yes No

If yes, what did the doctor/nurse decide that you had? _____

Other exposures

During the pregnancy, have you had sex with someone who had recently returned from a country where Zika has been spreading? (By recently returned, we mean your partner had returned sometime during the 6 months before the time you had sex)

Your Answer Yes No Unknown If yes, gestational age (in weeks)

For females: Are you pregnant or think you might be pregnant?

Yes No Unknown