**EBOLA / MALARIA ASSESSMENT**

Approved Form

OMB No. 0920-1026

 Exp. Date: 07/31/2017





OMB Approved

0920-XXXX

Expiration Date xx/xx/xxxx

 CDC Assigned ID: ....................... State/territory reporting this case: ..................................... Case No: .........................

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| Patient name (last, first): Date of symptom onset of **this** attack (mm/dd/yyyy): \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ | Age: \_\_\_\_\_\_\_ **yrs. mos. wks. days** (*circle units*) Date of Birth: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_\_Sex: [ ]  Male  [ ]  Female [ ]  Unknown |
| Physician name (last, first): Telephone Number: ( ) \_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_\_ | Ethnicity: [ ]  Hispanic or Latino[ ]  Not Hispanic or Latino[ ]  Unknown | Race (select one or more): [ ]  American Indian/Alaska Native [ ]  Native Hawaiian/Other Pacific Islander[ ]  Black or African American [ ]  Asian [ ]  White [ ]  Unknown |

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| **Symptom History** | **Yes** | **No** | **When did the fever start?** | When did the patient first seek medical attention:  Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_\_Patient admitted to hospital:  [ ]  Yes [ ]  No [ ]  Unknown Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_\_ Hospital record No.: \_\_\_\_\_\_\_\_Was the patient admitted to the ICU:  [ ]  Yes [ ]  No [ ]  Unknown Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_\_Initial diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ICD-9 code)Final diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ICD-9 code)Is the patient insured? [ ]  Yes [ ]  No [ ]  Unknown |
|  |  |  |  |
| Fever | [ ]  | [ ]  | \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_\_ |
| Nausea | [ ]  | [ ]  |  |
| Vomiting | [ ]  | [ ]  |  |
| Diarrhea | [ ]  | [ ]  |  |
| Upper respiratory symptoms (cough, congestion) | [ ]  | [ ]  |  |
| Rash | [ ]  | [ ]  |  |
| Altered mental status | [ ]  | [ ]  |  |
| Jaundice | [ ]  | [ ]  |  |
|  |  |  |  |

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| **Laboratory Tests** |
|  | **Yes** | **No** | **Unknown** | **Date and time test done****mm/dd/yyyy hh:mm** | **Results** | **Date and time results available mm/dd/yyyy hh:mm** |
| **CBC** | [ ]  | [ ]  | [ ]  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm | N/A | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| **Chemistry panel** | [ ]  | [ ]  | [ ]  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm | N/A | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
|  |  |  |  |  |  |  |  |  |  |  |
| **Tested for malaria?** | [ ]  | [ ]  | [ ]  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |  |  |  |  |
| **Microscopy Thin Smear** | [ ]  | [ ]  | [ ]  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm | [ ]  positive[ ]  negative | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| **Microscopy Thick Smear** | [ ]  | [ ]  | [ ]  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm | [ ]  positive[ ]  negative | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| **RDT (Binax Now)** | [ ]  | [ ]  | [ ]  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm | [ ]  positive[ ]  negative | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| **PCR** | [ ]  | [ ]  | [ ]  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm | [ ]  positive[ ]  negative | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| **Antibody testing** | [ ]  | [ ]  | [ ]  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm | [ ]  positive[ ]  negative | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |

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| **Species** (*check all that apply*)[ ]  Vivax [ ]  Falciparum [ ] Malariae [ ]  Ovale [ ]  Not Determined [ ] Other species (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parasitemia (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Public reporting burden of this collection of information is estimated to average 5 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Rd., NE (MS D-24); Atlanta, GA 30333; ATTN: PRA (0920-1026).

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| Was a travel history taken for this patient? [ ] Yes [ ]  No [ ]  Unknown |
| Is the patient a US resident? [ ] Yes [ ]  No [ ]  Unknown |
| Has the patient traveled or lived outside the U.S. since December 2013?  [ ] Yes [ ]  No If yes, specify:  |
| Country: | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date ARRIVED IN the country (mm/dd/yyyy): Date DEPARTED the country (mm/dd/yyyy):  |  \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ |  \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ |  \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ |
|  |  |  |  |
| Clinical [ ]  Cerebral malaria [ ]  ARDS [ ]  None Was illness fatal: [ ]  Yes [ ]  No [ ]  UnknownComplications: [ ]  Renal failure [ ]  Severe anemia(Hb<7) [ ]  Other : \_\_\_\_\_\_\_\_\_\_\_\_ If yes, date of death : \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |
|  |
| **Therapy for this attack (check all that apply)** | **Was this medication given?** | **Date and time medication given mm/dd/yyyy hh:mm** |
| Artemether/lumefantrine (Coartem) | [ ]  Yes [ ]  Unknown[ ]  No | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| Artesunate | [ ]  Yes [ ]  Unknown[ ]  No | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| Atovaquone-Proguanil (Malarone) | [ ]  Yes [ ]  Unknown[ ]  No | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| Chloroquine | [ ]  Yes [ ]  Unknown[ ]  No | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| Clindamycin | [ ]  Yes [ ]  Unknown[ ]  No | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| Doxycycline | [ ]  Yes [ ]  Unknown[ ]  No | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| Mefloquine | [ ]  Yes [ ]  Unknown[ ]  No | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| Quinidine | [ ]  Yes [ ]  Unknown[ ]  No | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| Quinine | [ ]  Yes [ ]  Unknown[ ]  No | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  Unknown[ ]  No | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_ \_\_ : \_\_ \_\_ | [ ]  am[ ]  pm |