

EBOLA / 1MALARIA ASSESSMENT

Approved Form OMB No. 0920-1026 Exp. Date: 07/31/2017

ODC ved
SAFER HEALTHIEL LEOPLE

CDC Assigned ID: .			State	e/territor	y reporting	this case:							20-XXXX
Patient name (last, fi	rst):						Date o	f Birth:	yrs. mos. wk	/	_	n Date x	x/xx/xxxx
Date of symptom ons	set of t l	his at	tack (mm/c	dd/yyyy)	:/	_/		_ iviaic			, W11		
Physician name (last,	first):						Ethnic	-		ce (select o			
									or Latino	₹	Indian/Ala		I
Telephone Number: (()_					Lat	t Hispa	anic or	J Native Ha Islander	waiian/Oth	er Pacific	
•	`							ilio iknown		7	African Am	erican	
								IKIIO WII		Asian	White	Unkn	iown
					147h am J:	عاماء	VA7la and	ماداد اداد. ماداد اداد	notiont finat a				
Symptom Hist	torv		Yes	No	When di fever st				patient first so		attention:		
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		ver		╡ -	// _		Patien		ted to hospital				
	Nau						L		□ No □				
	Vomit	_		_			Hospital:						
Upper respiratory s	Diarr			_			Date:/ Hospital record No.:						
(cough, co							Was the nations admitted to the ICU.						
	R	ash					Was the patient admitted to the ICU: Yes No Unknown						
Altered me	ntal sta	atus						ate:					
	Jaund	lice											
							Initial diagnosis: (ICD-9 code)						
							Final diagnosis: (ICD-9 code)						
							Is the	oatient	insured?	Yes No	o Unk	nown	
Laboratory Tests													
Laboratory Tests					Data and a		1			Data		14	.9.1.1.
	Yes	No	Unknowr		Date and to	ume test o yyy hh:n			Results		and time re nm/dd/yyy		
	105	110		1	iiiiii aa y	<i>yyy</i>		am	resures		iiiii da yyy	<u>y 111111111</u>	
СВС								pm	N/A				am
CDC									14/11		_		
				 /-	_/	:_				//		<u>:</u>	_ pm
		_						am					am
Chemistry panel								pm	N/A				
				/_	_/	:_				//	! <u> </u>	<u>:_</u> _	pm
T . 16 1 1 2								am					
Tested for malaria?				/_	_/	:_	🗀	pm					
								am	positive				
Microscopy								pm _	negative				am
Thin Smear				,	/					, ,	/		L
				 /-				am	positive	 ''		·—·—-	pm
Microscopy								pm	negative				am
Thick Smear								r	0				
				/_	_/	:_				//	·	<u>:</u>	_ pm

RDT (Binax Now)			_ <i></i>	am positive pm negative		am :pm			
PCR			_//	am positive pm negative		am :pm			
Antibody testing			[_//	am positive pm negative		am :pm			
Species (check all that	t 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).									
Was a travel history to	aken for this	s patient?	Yes No Unkr	iown					
Is the patient a US res	sident?	Yes N	o Unknown						
Has the patient travel	ed or lived o	outside the U.S	S. since December 2013?	Yes No	If yes, specify:				
Country:			1	2	3				
Date ARRIVED IN th	ne country (1	mm/dd/yyyy):	: / /	/ /	/	/			
Date ARRIVED IN the country (mm/dd/yyyy): // // Date DEPARTED the country (mm/dd/yyyy): // //									
Date DEPARTED the	e country (m	ım/dd/yyyy):	//	// _	/				
Clinical C	e country (m erebral mala enal failure	aria 🔲 ARD	_		llness fatal: Yes s, date of death :/	No Unknown			
Clinical C	erebral mala enal failure	aria ARD	The anemia (Hb<7) Other: Other: Was this medication	If yes	s, date of death :/_ and time medication given				
Clinical C Complications: R	erebral mala enal failure ack (check a	ARD Seve	Was this medication given?	If yes	s, date of death :/_	ven			
Clinical C C Complications: R Therapy for this atta Artemether/lumefantr	erebral mala enal failure ack (check a	ARD Seve	The anemia (Hb<7) Other: Other: Was this medication	If yes	s, date of death :/_ and time medication given				
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Other (specify):	Yes Unknown			am
	No	//	:	pm