



Pregnancy and Zika virus disease surveillance form

These data are considered confidential and will be stored in a secure database at the Centers for Disease Control and Prevention

Please return completed form by fax to (970) 266-3568 or email XXXX@cdc.gov

Neonate assessment at delivery

Infant's name: _____ **DOB:** ____/____/____

State of residence: _____ **County of residence:** _____

Sex: Male Female **Gestational age at delivery:** _____ weeks

Apgar score: 1 min ____ / 5 min ____ **Infant temp at delivery:** _____ °F **Cord blood pH** _____

Birth weight: _____ **Length:** _____ **Head circumference:** _____
 kg lbs/oz cm in cm in

Delivery type: Vaginal Forceps/suction Caesarean section **Maternal temp at delivery:** _____ °F

Microcephaly No Yes **Admitted to NICU:** No Yes

Neurologic abnormalities: No Yes **Dysmorphic features:** No Yes
(please describe) *(please describe)*

Splenomegaly: No Yes *(please describe)* **Hepatomegaly:** No Yes *(please describe)*

Skin rash: No Yes *(please describe)* **Other abnormalities identified:** No Yes
(please provide clinical description from medical records)

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Neonate Imaging and Diagnostics

Hearing evaluation performed: Normal
 Abnormal (*please describe*) Not Done

Ophthalmologic evaluation performed: Normal
 Abnormal (*please describe*) Not Done

Placental exam (pathologist): No Yes
(*please describe*)

Imaging study result: N/A Normal
Abnormal
(*please list type, date, and describe*)

Lumbar puncture performed: No Yes
If yes, Normal Abnormal (*please describe*)

TORCH testing result: Not Done Negative
Positive (*if positive, please specify pathogen and test*
(*e.g., PCR, IgG, IgM*))

Other tests/results:

Provider Information

Provider name: Dr. PA RN Mr. Ms. **Phone:** _____
_____ **Email:** _____

Name of person completing form: (if different from provider) Hospital/facility: _____
_____ **Phone:** _____

FOR INTERNAL CDC USE ONLY

Mother ID:

State ID:

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. 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 Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)