## Attachment G. Eligibility Form

1. Are you a resident of Puerto Rico?

\_\_\_ Yes \_\_\_ No

1. Have you previously participated in the ZIKV persistence study?

\_\_\_ Yes \_\_\_ No

1. For asymptomatic contacts only: Have you had fever, rash, red eye or joint pain since November 1, 2015?

\_\_\_ Yes \_\_\_ No

1. For asymptomatic contacts only: Do you have a study coupon?

\_\_\_ Yes \_\_\_ No