

2016 Zika Virus Inquiry Log

CDC ID new: CDC - 2	Data Entry Date: []	Epi Week: []	Call Time: [] (M)
CDC ID old: []	Received by: []	Form Approve OMB No: 0920-0047 Exp. Date: XX/XX/XX	
CDC Employee <input type="checkbox"/>	CDC UserID []		

Were other CDC staff involved?

Clinical
 Infection Control
 DGMQ
 Lab
 Epi Field team
 Other If other, specify: []

CALLER INFORMATION

Caller Name: John Doe	Phone Number: 555-555-5555	Email: []	Email <input type="checkbox"/> Call <input type="checkbox"/>
Affiliation: []	Address: 6546 abc st	State: []	Critical Partner <u>Selec</u>
	City: WA		

STATE HD NOTIFICATION

Was the state HD notified? Select...

If yes, who was notified? [] Phone Number: []

Position: [] Email address: []

PATIENT INFORMATION

Add Adult Add Child

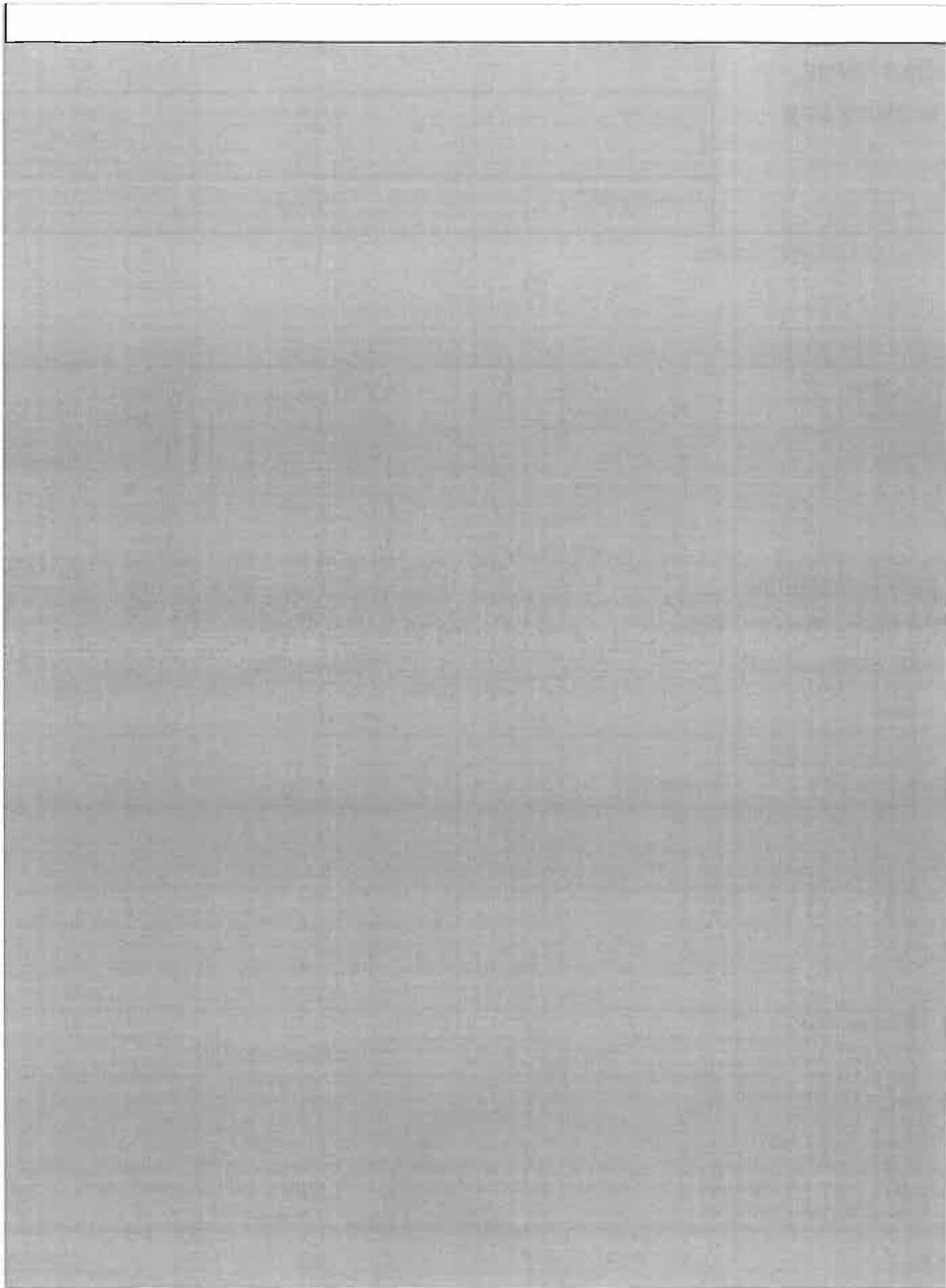
Healthcare Lab Worker Facility

Brief History/Updates: include any additional information that didn't fit in the 'Brief History' field.

Last Clinical Update:

Date: [] Time: [] Last Modified By: []

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including 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 Rd NE, MS D-74, Atlanta, GA 30333; ATTN: PRA : 0920-XXXX



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TRAVEL HISTORY/INFORMATION

Date of Departure from affected-area?

Date of entry from affected-area?

Date of return to final destination?

Inquiry Category

PREG PEDS GEN

Specific Category

Exposure Date:

7 Day Date:

Did patient travel to currently affected area? Select...

Veraemic Period: Onset date to Onset date

- Barbados
- Bolivia
- Brazil
- Cape Verde
- Ecuador
- El Salvador
- French Guiana
- Guadeloupe
- Guatemala
-

CONTACT HISTORY/INFORMATION

Did the patient have contact with a case?

Select...

Has person been involved in providing healthcare to Zika patients?

Select...

Contact Name

DOB

Age

Se:

Se

Recent

Febrile Illness

Address:

Phone:

City:

Email:

State:

Country of Citizenship:

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PATIENT(s)

SYMPTOMS (at any time)

Adult

Child

Any Symptoms?

Symptom Onset Date

Fever (subjective)? Yes

Symptom Onset Time

Fever (T max)

Previous history of Dengue

Previous history of Yellow Feve

Previous history of chikunguny

Fever Degree

Date

Time

Temperature

Temperature

Temperature

Temperature

Temperature

Mosquito Bitten During Travel? 21

Vomiting?

Conjunctivitis?

Maculopapular Rash? Yes

Maculopapular

Petechail

PurPuri

Other:

Headache?

Diarrhea

Arthralgia?	<input type="checkbox"/>	
Myalgia?	<input type="checkbox"/>	
Retro-orbital pain?	<input type="checkbox"/>	
Edema?	<input type="checkbox"/>	
Other?	<input type="checkbox"/>	
Specify	<input type="text"/>	

Alternative Diagnosis

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	PATIENT(s)
<u>SYMPTOMS (at any time)</u>	Adult Jane Doe Child

<input checked="" type="checkbox"/> Any Symptoms?				Symptom Onset Date	<input type="text"/>
Fever (subjective)?	<u>Select...</u>			Symptom Onset Time	<input type="text"/>
Fever (T max)	<input type="text"/>			Previous history of Dengue	
				Previous history of Yellow Feve	
	Fever Degree	Date	Time	Previous history of chikunguny.	
Temperature	<input type="text"/>	<input type="text" value="2/9/2016"/>	<input type="text" value="12:00:00 AM"/>		
Temperature	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Temperature	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Temperature	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Temperature	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Mosquito Bitten During Travel?

21

Vomiting?

Conjunctivitis?

Maculopapular Rash? Select...

Headache?

Diarrhea

Arthralgia?

Myalgia?

Retro-orbital pain?

Edema?

Other?

Specify

Alternative Diagnosis

this is atest

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PATIENT(s)

SYMPTOMS (at any time)

Adult

Child

Jack Black

Any Symptoms?

Symptom Onset Date

Fever (subjective)? Yes

Symptom Onset Time

Fever (T max)

Previous history of Dengue

Previous history of Yellow Feve

Previous history of chikunguny.

	Fever Degree	Date	Time
Temperature	<input type="text"/>	<input type="text" value="2/5/2016"/>	<input type="text" value="12:00:00 AM"/>
Temperature	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temperature	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temperature	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temperature	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mosquito Bitten During Travel? 21

Vomiting?

Conjunctivitis?

Maculopapular Rash? Select...

Headache?

Diarrhea

Arthralgia?

Myalgia?

Retro-orbital pain?

Edema?

Other?

Specify

Alternative Diagnosis

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HOSPITAL INFORMATION

Hospital Name: Hospital City: Hospital State:

Did the HD direct the person to seek medical evaluation?

Select...

Where did person present for medical evaluation? Select...

Did person follow HD instructions for transport? Select...

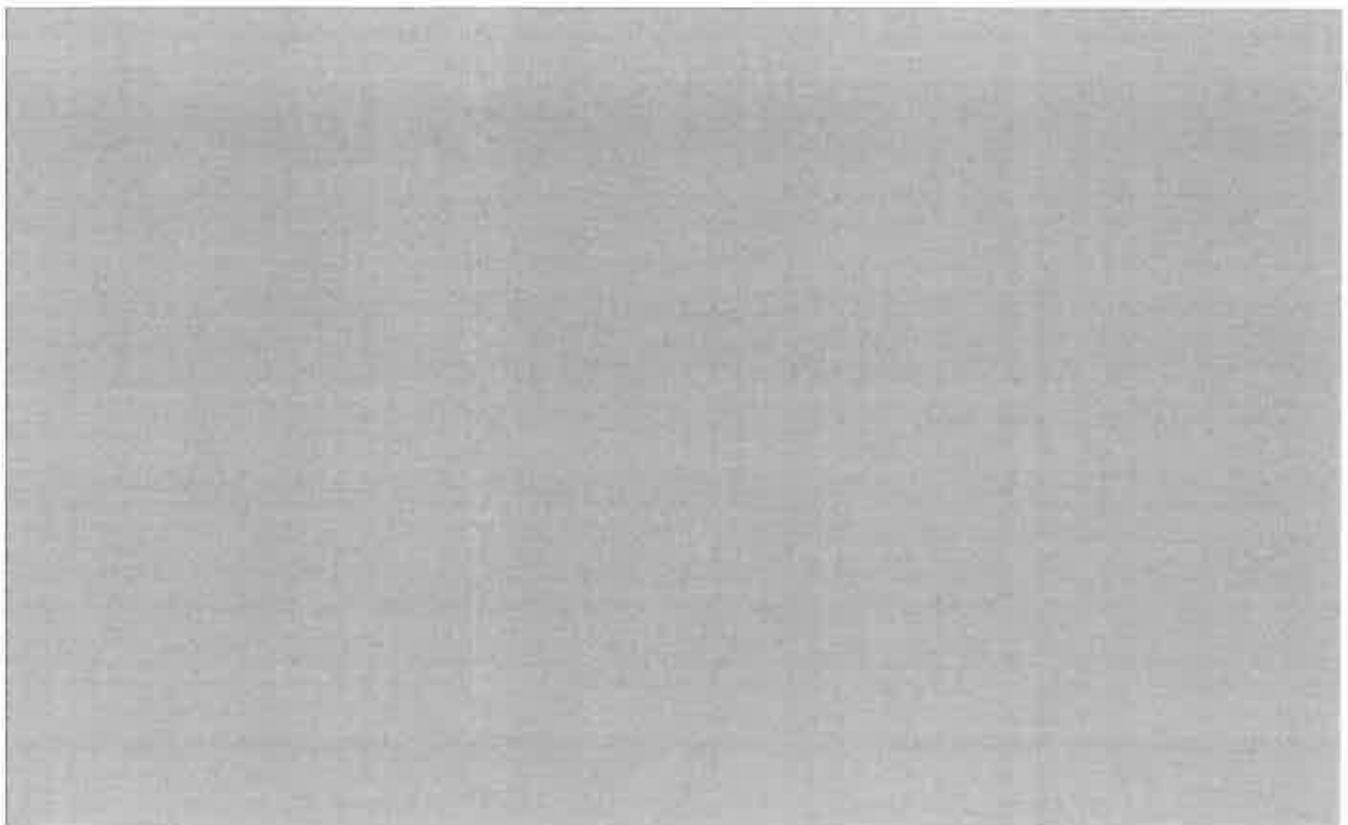
Did the person follow HD instructions for which hospital? Select...

Is follow-up need? Select...

What follow-up is needed?

By who: Select...

Will Zika Virus testing be done? Select...



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TEST RESULT #1

Was testing performed at an LRN? Select...

if no? Facility

LRN Specimen ID:

Date of LRN Specimen Collection:

Time of LRN Specimen Collection:

(Military time)

Date Result Received:

by Who:

Time Result Received:

(Military time)

Specimen Results

IgM

IgG

PCR

Virus

Isolated

Other lab tests

Final Diagnosis

Zika

Dengue

Yellow Fever

Guillain-Barre

Microcephaly

Chikungunya

Other

After Action Report

After Action (AA) Report sent?

Date After Action (AA) Report sent:

Date After Action (AA) Report received:

Please verify that your information is correct.

Select...

