

## Appendix 2. Chart Extraction

Public reporting burden of this collection of information is estimated to average 60 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 D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)



VDRL	Is yes	<input type="checkbox"/> Yes <input type="checkbox"/> Reactive	<input type="checkbox"/> No <input type="checkbox"/> NR	VDRL	Is yes	<input type="checkbox"/> Yes <input type="checkbox"/> Reactive	<input type="checkbox"/> No <input type="checkbox"/> NR
CMV	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG <input type="checkbox"/> Positive cx	<input type="checkbox"/> No <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG <input type="checkbox"/> Negative cx	CMV	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG <input type="checkbox"/> Positive cx	<input type="checkbox"/> No <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG <input type="checkbox"/> Negative cx
HSV 1	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG <input type="checkbox"/> Positive cx	<input type="checkbox"/> No <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG <input type="checkbox"/> Negative cx	HSV 1	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG <input type="checkbox"/> Positive cx	<input type="checkbox"/> No <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG <input type="checkbox"/> Negative cx
HSV 2	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG <input type="checkbox"/> Positive cx	<input type="checkbox"/> No <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG <input type="checkbox"/> Negative cx	HSV 2	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG <input type="checkbox"/> Positive cx	<input type="checkbox"/> No <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG <input type="checkbox"/> Negative cx
Rubella	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG	<input type="checkbox"/> No <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG	Rubella	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG	<input type="checkbox"/> No <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG
Toxoplasmosis		<input type="checkbox"/> Yes <input type="checkbox"/> Positive	<input type="checkbox"/> No <input type="checkbox"/> Negative	Toxoplasmosis		<input type="checkbox"/> Yes <input type="checkbox"/> Positive	<input type="checkbox"/> No <input type="checkbox"/> Negative
Dengue	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive RNA <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG	<input type="checkbox"/> No <input type="checkbox"/> Negative RNA <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG	Dengue	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive RNA <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG	<input type="checkbox"/> No <input type="checkbox"/> Negative RNA <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG
Zika	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive RNA <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG	<input type="checkbox"/> No <input type="checkbox"/> Negative RNA <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG	Zika	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive RNA <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG	<input type="checkbox"/> No <input type="checkbox"/> Negative RNA <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG
Chikungunya	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive RNA <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG	<input type="checkbox"/> No <input type="checkbox"/> Negative RNA <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG	Chikungunya	If yes	<input type="checkbox"/> Yes <input type="checkbox"/> Positive RNA <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG	<input type="checkbox"/> No <input type="checkbox"/> Negative RNA <input type="checkbox"/> Negative IgM <input type="checkbox"/> Negative IgG
Other 1: _____ _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other 1: _____ _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Results: _____				Results: _____			
Other 2: _____ _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other 2: _____ _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Results: _____				Results: _____			
<b>Other infant examinations or abnormalities/defects</b>							
Results of infant eye exam: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, describe: _____ _____							
Birth defect present				Full description of defect			
Area to describe specific test results or defects in more detailed, if not captured above							

