



Florida Zika Fever Case Report Form for Pregnant Women

(To be completed for all Zika fever testing requests)

Date Reported: ___/___/___

Merlin #: _____

DEMOGRAPHICS

County: _____ Name (Last, First): _____

DOB: ___/___/___ Phone: (H) _____ (C) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Ethnicity: Hispanic
 Non-Hispanic

Race: White Black Other Asian / Pacific Islander
 American Indian / Alaskan Unknown / Not specified

PREGNANCY STATUS

Due date: ___/___/___

Week of pregnancy at blood draw _____ Date of blood draw: ___/___/___

Date of urine sample (only applicable for collection within 21 days of symptom onset): ___/___/___

Any abnormalities (microcephaly or intracranial calcifications) detected by ultrasound?

Yes No Not yet performed If yes, what abnormality? _____

Date the abnormality was identified? ___/___/___

SYMPTOMS

Which trimester did illness occur in? _____

Date of symptom onset: ___/___/___ Patient currently symptomatic? Yes No Unknown

Check all that apply: None Fever* Rash* Arthralgia* Conjunctivitis*

Myalgia Vomiting Headache Retro-orbital pain

Other _____

*Two of these symptoms are required to qualify for testing

RISK FACTOR INFORMATION

Did the patient travel to an area with ongoing Zika virus activity (Central or South America, Mexico, or the Caribbean*) while pregnant? Yes No Unknown

If yes, Country _____ Dates of travel ___/___/___ to ___/___/___

Did the patient have sexual relations with a partner who traveled to an area experiencing Zika virus activity while pregnant? Yes No Unknown

If yes, Country partner traveled to _____ Dates of travel: _____

During the two weeks before onset of illness does the patient recall being bitten by mosquitoes?

Yes No Unknown If yes, dates and places _____

Has the patient received a yellow fever vaccine? Yes, date ___/___/___ No Unknown

Additional Comments: _____