Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
Person Screening Form

This form may be used by local health departments for persons under investigation (PUI) for possible patients who meet the definition of a MERS PUI. Please create a case in Merlin for each PUI identified. For each case, complete this form, save a copy, and attach to the corresponding Merlin record. If you have questions afterhours, contact the FDOH Bureau of Epidemiology at (850) 245-4401.

Contact Information

Merlin ID (e.g. Countyname_123)	☐ New Report ☐ Update to previous report		Date CHD Notified (MM/DD/YY) Report Date (MM/DD/YY)
Reporting County	Interviewer Name	Interviewer Phone	Interviewer Email
Person Name: Last First M.I.		Parent/Guardian Name (if Minor)	Person or Guardian Phone

Person Address: Number, Street, apt #	City	County	State	ZIP Code
Facility (Hospital) Name	Facility Phone	IP's Name	Physician's Name	
Facility Address: Number, Street, Floor	City	County	State	ZIP Code

How person was identified (check one)
☐ Clinician notified CHD ☐ Unusual lab result ☐ Ill traveler identified coming/returning to the US ☐ Other: _____

Demographic Information

Date of Birth (MM/DD/YY)	Age	Sex ☐ Male ☐ Female ☐ Other ☐ Unk	Country of residence	If US Resident, State and County

Race (check one)
☐ African-American/Black ☐ Asian/Pacific Islander ☐ Native American ☐ White ☐ Other: _____

Ethnicity (check one)
☐ Hispanic/Latino ☐ Non-Hispanic ☐ Unk

Usual Occupation	Industry

Does the person have any household contacts?
☐Yes ☐No ☐Unk

Symptoms, Treatment

Date of Illness Onset (MM/DD/YY)	Notes about Illness Onset		
Does person have history of fever? ☐Yes ☐No ☐Unk	Specify Highest Temp ☐°C ☐°F	Date of Fever Onset (MM/DD/YY)	Does person have any respiratory illnesses? (such as pneumonia, acute respiratory distress, etc) ☐Yes ☐No ☐Unk

Check all symptoms that the person has experienced during illness and include date of onset:

☐ Dry Cough	(MM/DD/YY)	☐ Productive Cough	(MM/DD/YY)	☐ Chills	(MM/DD/YY)
☐ Sore Throat	(MM/DD/YY)	☐ Headache	(MM/DD/YY)	☐ Muscle Aches	(MM/DD/YY)
☐ Shortness of Breath/Dyspnea	(MM/DD/YY)	☐ Vomiting	(MM/DD/YY)	☐ Abdominal Pain	(MM/DD/YY)
☐ Diarrhea	(MM/DD/YY)	☐ Other, Specify:			(MM/DD/YY)

Does the person still have symptoms?	☐Yes ☐No ☐Unk	If no, when did patient feel back to normal? (MM/DD/YY)

Check all diagnoses patients have received and include date of diagnosis:

☐ Pneumonia (MM/DD/YY)	☐ ARDS (MM/DD/YY)	☐ Renal Failure (MM/DD/YY)	☐ Other, Specify: _____ (MM/DD/YY)

Check all underlying health conditions of the person:

☐ Immunocompromised, Specify: _____	☐ Diabetes	☐ Chronic Lung Disease	☐ Chronic Kidney Disease
☐ Other, Specify: _____	☐ Other, Specify: _____	Is the person pregnant? ☐Yes ☐No ☐Unk	

Where and on what date did the person seek medical care for the illness?

☐ Doctor's Office	(MM/DD/YY)	☐ Health Department	(MM/DD/YY)	☐ Urgent Care Clinic	(MM/DD/YY)
☐ Emergency Department	(MM/DD/YY)	☐ Other, Specify: _____		(MM/DD/YY)	☐ Unknown

Does the patient have a non-MERS etiology for their respiratory illness but has not responded to appropriate therapy? ☐Yes ☐No ☐Unk	If yes, Specify

Was person hospitalized for this illness? ☐Yes ☐No ☐Unk	If Yes, Date of Admission (MM/DD/YY)	Did person die as a result of this illness? ☐Yes ☐No ☐Unk	If Yes, Date of Death (MM/DD/YY)

Risk Factors

Did person travel to or from a county in or near the Arabian Peninsula[1] or the Republic of Korea[2] within the 14 days before illness onset?	☐Yes ☐No ☐Unk	If Yes, list destinations and dates including arrival to the US
Has the person had a residence in or near the Arabian Peninsula or the Republic of Korea within the 14 days before illness onset?	☐Yes ☐No ☐Unk	If Yes, what country and dates
Is the patient a healthcare worker, US military, or flight crew employee?	☐Yes ☐No ☐Unk	If Yes, describe position and work duties
Does the person have a history of health care employment in or near the Arabian Peninsula or the Republic of Korea within 14 days of symptom onset?	☐Yes ☐No ☐Unk	If Yes, list destinations, work duties, and dates

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Did the person spend any time at a hospital (e.g. emergency room visit, doctor's appointment, visit someone in the hospital) in or near the Arabian Peninsula or the Republic of Korea within 14 days of symptom onset?	☐Yes ☐No ☐Unk	If Yes, list what country and date of visit
Had close contact[3] with a symptomatic person who had fever *and* acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula or the Republic of Korea?	☐Yes ☐No ☐Unk	If Yes, describe
Is a close contact of a person with a confirmed or probable case of MERS-CoV?	☐Yes ☐No ☐Unk	If Yes, list Merlin ID of other cases and nature of the relationship
Is a member of a cluster of patients with severe acute illness (e.g. fever and pneumonia requiring hospitalization) of unknown etiology in which MERS-CoV is being evaluated, in consultation with state and local health departments or CDC?	☐Yes ☐No ☐Unk	If Yes, list Merlin ID for cluster and describe patient relationship

Check all animals/products the person has had contact with in or near the Arabian Peninsula or the Republic of Korea within 14 days of onset:

Animal	Date of Contact	Product	Date of Contact	Animal/Product	Date of Contact
☐ Camel	(MM/DD/YY)	☐ Camel Milk	(MM/DD/YY)	☐ Camel product, Specify: _____	(MM/DD/YY)
☐ Bat	(MM/DD/YY)	☐ Dates (uncooked fruit)	(MM/DD/YY)	☐ Other animal, Specify: _____	(MM/DD/YY)

Include information on close animal or product contact here:

Testing

Merlin Case Number	Other Testing ID 1	Other Testing ID 2

Tests Performed	Specimen Collection Date	Test Results	Tests Performed	Specimen Collection Date	Test Results
☐ Influenza: Rapid test	(MM/DD/YY)	☐ A ☐ B ☐ Positive ☐ Negative ☐ Pending ☐ Other: _____	☐ Influenza: PCR	(MM/DD/YY)	☐ A ☐ B ☐ Positive ☐ Negative ☐ Pending ☐ Other: _____
☐ Influenza: Other test	(MM/DD/YY)	☐ A ☐ B ☐ Positive ☐ Negative ☐ Pending ☐ Other: _____	☐ RSV	(MM/DD/YY)	☐ Positive ☐ Negative ☐ Pending ☐ Not done
☐ Human Metapneumovirus (hMPV)	(MM/DD/YY)	☐ Positive ☐ Negative ☐ Pending ☐ Not done	☐ Adenovirus	(MM/DD/YY)	☐ Positive ☐ Negative ☐ Pending ☐ Not done
☐ Parainfluenza 1-4	(MM/DD/YY)	☐ Positive ☐ Negative ☐ Pending ☐ Not done	☐ *Streptococcus pneumoniae*	(MM/DD/YY)	☐ Positive ☐ Negative ☐ Pending ☐ Not done
☐ *Legionella pneumophila*	(MM/DD/YY)	☐ Positive ☐ Negative ☐ Pending ☐ Not done	☐ Other: _____	(MM/DD/YY)	☐ Positive ☐ Negative ☐ Pending ☐ Not done
☐ Positive blood culture, Specify: _____	(MM/DD/YY)		☐ Other: _____	(MM/DD/YY)	☐ Positive ☐ Negative ☐ Pending ☐ Not done

Specimens for MERS Testing	Date Collected	Sent to BPHL?	Specimens for MERS Testing	Date Collected	Sent to BPHL?
☐ Sputum	(MM/DD/YY)	☐ Yes ☐ No	☐ Serum (use RED top or TIGER top tube)	(MM/DD/YY)	☐ Yes ☐ No
☐ Tracheal Aspirate (TA)	(MM/DD/YY)	☐ Yes ☐ No	☐ Pleural fluid (PF)	(MM/DD/YY)	☐ Yes ☐ No
☐ Bronchial alveolar lavage (BAL)	(MM/DD/YY)	☐ Yes ☐ No	☐ Other: _____	(MM/DD/YY)	☐ Yes ☐ No
☐ Nasopharyngeal or Oropharyngeal (NP/OP)	(MM/DD/YY)	☐ Yes ☐ No	☐ Other: _____	(MM/DD/YY)	☐ Yes ☐ No

Person Contact

If hospitalized, is/was the person in a negative pressure room? ☐Yes ☐No ☐Unk ☐N/A	If hospitalized, is/was the person in a private room? ☐Yes ☐No ☐Unk ☐N/A	Are/were surgical masks being used by the patient during transport? ☐Yes ☐No ☐Unk ☐N/A

What PPE did healthcare personnel use when caring for patient or obtaining specimens? ☐ N95 Mask ☐ Surgical mask ☐ Facemask ☐ Eye Protection ☐ Gloves ☐ Gown ☐ None ☐ Unk

Other Notes

Please add any other pertinent notes in the space below:

[1] Countries considered in the Arabian Peninsula and neighboring include: Bahrain, Iraq, Iran, Israel (the West Bank and/or Gaza), Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syria, the United Arab Emirates, and Yemen.

[2] The Republic of Korea has been added to this list as of June 11, 2015 in accordance to CDC recommendations.

[3] Close contact is defined as a) any person who provided care for the patient, including a health care worker or family member, or had similarly close physical contact; or b) any person who stayed at the same place (e.g. lived with, visited) as the patient while the patient was ill.