

## 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				eport	Date CHD Notified     (MM/DD/YY)       Report Date     (MM/DD/YY)		
Reporting County	eporting County Interviewer Name					Interviewer Phone					Interviewer Email		
Person Name: Last		First			M.I.	Paren	t/Guardian	Name (if N	linor)		Person o	r Guardian	Phone
Person Address: Number, Stre	eet, apt #			City	Xity			County				State	ZIP Code
Facility (Hospital) Name				Facility Phon	е		IP's Name				Physician's Name		
Facility Address: Number, Stre	et, Floor			City				County	County			State	ZIP Code
How person was identified (che	,	ab result 🔲 III tra	veler i	dentified comi	ing/retu	rning to	the US	Other:					
Demographic Information	ı												
Date of Birth (MM/DD/YY)	Age	Sex	🗌 Fer	male 🗌 Othe	r □U	nk	Country of	of residenc	e	lf US	S Residen	nt, State an	d County
Race (check one)	] Asian/P	acific Islander	] Nati	ve American	🗆 Wr	White Other:			Ethnicity (check one)			-Hispanic 🔲 Unk	
Usual Occupation			Indus	stry							es the person have any household contacts? /es □No □Unk		
Symptoms, Treatment													
Date of Illness Onset (MM/D	D <b>/</b> YY)	Notes about Illne	ss On	set									
Does person have history of fev ☐Yes ☐No ☐Unk	ver?	Specify Highest ⊺ □°	Гетр С 🔲		of Feve		200	es person h piratory dis		•			s pneumonia, acute
Check all symptoms that the	person I	nas experienced	during	g illness and	include	e date d	f onset:						
Dry Cough	(™	M/DD/YY)		Productive Co	bugh		(MM <b>/</b> DD	<b>/</b> YY)	🗆 Ch	ills		(MI	M/DD/YY)
Sore Throat	(™	M/DD/YY)		Headache	ne		(MM/DD/YY)		🗆 Mu	Muscle Aches		(MI	M/DD/YY)
Shortness of Breath/Dyspne	ea (M	M/DD/YY)							🗆 Ab	Abdominal Pain		(MI	M/DD/YY)
Diarrhea	(™	M/DD/YY)		Other, Specify:					(MM/DD/YY)				M/DD/YY)
Does the person still have sym	ptoms?	□Yes □No		Unk		If no, when did patient feel back to normal? (MM/DD/YY)							
Check all diagnoses patients	have ree	ceived and includ	de dat	e of diagnosi	is:								
Pneumonia         (MM/DD/YY)         Renal Failure         (MM/DD/YY)         Other, Specify:         (MM/DD/YY)					(MM/DD/YY)								
Check all underlying health c	ondition	s of the person:											
Immunocompromised, Specify: Diabete Diabete			Diabetes	es Chronic Lung Disea					sease Chronic Kidney Disease				
Other, Specify: Other, Specify:				y:	Is the person pregnant? Set								
Where and on what date did	the perso	on seek medical	care f	or the illness	?				1				
Doctor's Office (MM/DD/YY)		Пн	Health Department (MM)						Urgent Care Clinic		(MM	/DD/YY)	
				□ Other, Specify:							🗆 Ui	hknown	
Does the patient have a non-MERS etiology for their respiratory illness but has not responded to appropriate therapy?       If yes, Specify         Yes       No       Unk													
Was person hospitalized for this illness?       If Yes, Date of Admission         Yes       No       Unk         (MM/DD/YY)       (MM/DD/YY)						Did person die as a result of this illness?       If Yes, Date of Death         Yes       No       Unk         (MM/DD/YY)							
Risk Factors													
Republic of Korea <sup>-</sup> within the 14 days before illness onset?					Yes	□No □U	Ink If Ye	k If Yes, list destinations and dates including arrival to the US				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?					<sup>blic</sup> [	Yes	□No □U	Ink If Ye	If Yes, what country and dates				
Is the patient a healthcare worker, US military, or flight crew employee?				0	Yes	□No □U	Ink If Ye	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?				, C	Yes	□No □U	Ink If Ye	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 <sup>3</sup> with a symptomatic person who had fever <i>and</i> 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:

Influenza:       Other:       Image: Construction of the	Testing								
Test Performed       Collection Date       Test Results       Collection Date       Test Results         Influenza: Rapid test       (MM/DD/T)       Regative       Pending       Influenza: PCR       (MM/DD/T)       Regative       Pending       Results       Not done       Results       Pending       Not done       Not done       Results       Pending       Not done       Not done       Not done       Results       Pending       Not done       Results       Pending       Not done       Not done       Pending       Not done       Not done       Pending       Not done       Not done       Pending       Not done       Pending       Not do	Merlin Case Number		C	Other Testing ID 1		Other Testing ID 2			
Influenza: Rapid test       (MM/DD/YY)       Negative       Pending       Influenza: PCR       (MM/DD/YY)       Regative       Pending         Influenza: Other test       (MM/DD/YY)       Negative       Pending       RSV       (MM/DD/YY)       Positive       Negative         Human Metapneumovirus       (MM/DD/YY)       Positive       Negative       Adenovirus       (MM/DD/YY)       Positive       Negative         Parainfluenza: 1-4       (MM/DD/YY)       Positive       Negative       Adenovirus       (MM/DD/YY)       Positive       Negative         Parainfluenza 1-4       (MM/DD/YY)       Positive       Negative       Streptoccccus pneumoniae       (MM/DD/YY)       Positive       Negative         Positive blood culture, Specify:       (MM/DD/YY)       Positive       Negative       Other:       (MM/DD/YY)       Positive       Negative         Specimens for MERS Testing       Date Collected       Sent to BPHL?       Specimens for MERS Testing       Date Collected       Sent to BPHL?       Senum (use RED top)       (MM/DD/YY)       Yes No         Specimens for MERS Testing       Date Collected       Sent to BPHL?       Serum (use RED top)       (MM/DD/YY)       Yes No       Pers No         Bronchial alveolar laveage (BAL)       (MM/DD/YY)       Yes No       O	Tests Performed			Test Results	Tests Performed		Test Results		
Influenza: Other test       (MM/DD/Y)       Negative       Pending       RSV       (MM/DD/Y)       Positive       Pending       Not done         Human Metapneumovirus       (MM/DD/Y)       Positive       Negative       Adenovirus       (MM/DD/Y)       Positive       Negative         Parainfluenza 1-4       (MM/DD/Y)       Positive       Negative       Streptococcus pneumoniae       (MM/DD/Y)       Positive       Negative         Legionella pneumophila       (MM/DD/Y)       Positive       Negative       Other:       (MM/DD/Y)       Positive       Negative         Positive blood culture, Specify:       (MM/DD/Y)       Positive       Negative       Other:       (MM/DD/Y)       Positive       Negative         Specimens for MERS Testing       Date Collected       Sent to BPHL?       Serum (use RED top or TiGER top tube)       (MM/DD/Y)       Pes   No         Sputum       (MM/DD/Y)       IYes       No       Other:       (MM/DD/Y)       IYes       No         Bronchial alveolar lavage (BAL)       (MM/DD/Y)       IYes       No       Other:       (MM/DD/Y)       IYes       No         Maspharyngeal or Oropharyngeal or<	Influenza: Rapid test	(MM/DD/YY)	🗌 Neg	legative		(MM/DD/YY)	□ Negative □ Pending		
(hMPV)       (MM/D/M)       Pending       Not done       Adenovirus       (MM/D/M)       Pending       Not done         Parainfluenza 1-4       (MM/D/M)       Positive       Not done       Streptococcus pneumoniae       (MM/D/M)       Positive       Negative         Legionella pneumophila       (MM/D/M)       Positive       Not done       Other:       (MM/D/M)       Positive       Negative         Positive blood culture, Specify:       (MM/D/M)       Positive       Negative       Other:       (MM/D/M)       Positive       Negative         Specimens for MERS Testing       Date Collected       Sent to BPHL?       Specimens for MERS Testing       Date Collected       Sent to BPHL?         Sputum       (MM/D/M)       Yes       No       Serum (use RED top or TIGER top tube)       (MM/D/M)       Yes       No         Intracheal Aspirate (TA)       (MM/D/M)       Yes       No       Other:       (MM/D/M)       Yes       No         Bronchial alveolar lavage (BAL)       (MM/D/M)       Yes       No       Other:       (MM/D/M)       Yes       No         Person Contact       If hospitalized, is/was the person in a negative pressure or marks being used by the patient       Other:       (MM/D/M)       Yes       No       Other:       (MM/D/M)       <	Influenza: Other test	(MM/DD/YY)	🗌 Neg	gative Dending	RSV	(MM/DD/YY)			
Parainfluenza 1-4       (MM/DD/YY)       Pending       Not done       Streptococcus pneumoniae       (MM/DD/YY)       Pending       Not done         Legionella pneumophila       (MM/DD/YY)       Positive       Negative       Other:       (MM/DD/YY)       Positive       Negative         Positive blood culture, Specify:       (MM/DD/YY)       Positive       Negative       Other:       (MM/DD/YY)       Positive       Negative         Specimens for MERS Testing       Date Collected       Sent to BPHL?       Specimens for MERS Testing       Date Collected       Sent to BPHL?         Sputum       (MM/DD/YY)       Pres       No       Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Pres       No         Tracheal Aspirate (TA)       (MM/DD/YY)       Pres       No       Pleural fluid (PF)       (MM/DD/YY)       Pres       No         Nasopharyngeal or Oropharyngeal or Oropharyngeal (NP/OP)       (MM/DD/YY)       Pres       No       Other:       (MM/DD/YY)       Yes       No         Person Contact       If hospitalized, is/was the person in a negative pressure room?       If hospitalized, is/was the person line angusto 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?       Nys Mask _ Sur		(MM/DD/YY)			Adenovirus	(MM/DD/YY)	3		
Legionella pneumophila       (MM/DD/YY)       Pending       Not done       Other:       (MM/DD/YY)       Pending       Not done         Positive blood culture, Specify:       (MM/DD/YY)       Other:       (MM/DD/YY)       Positive       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 Orphanyngeal (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?       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       Eye Protection       Gloves	Parainfluenza 1-4	(MM/DD/YY)		_ 0	Streptococcus pneumonia	e (MM/DD/YY)			
Positive blood culture, Specify:       (MM/DD/Y)       Other:       (MM/DD/Y)       Pending       Not done         Specimens for MERS Testing       Date Collected       Sent to BPHL?       Specimens for MERS Testing       Date Collected       Sent to BPHL?         Sputum       (MM/DD/Y)       Pres       No       Serum (use RED top or TIGER top tube)       (MM/DD/Y)       Pers       No         Tracheal Aspirate (TA)       (MM/DD/Y)       Pres       No       Pleural fluid (PF)       (MM/DD/Y)       Pers       No         Bronchial alveolar lavage (BAL)       (MM/DD/Y)       Pers       No       Other:       (MM/DD/Y)       Pers       No         Nasopharyngeal or Oropharyngeal (NP/OP)       (MM/DD/Y)       Pres       No       Other:       (MM/DD/Y)       Yes       No         Person Contact       If hospitalized, is/was the person in a negative pressure room?       If hospitalized, is/was the person in a negative pressure room?       Net/were surgical masks being used by the patient during transport?       No       Unk       NA         What PPE did healthcare personnel use when caring for patient or obtaining specimens?       N95 Mask       Surgical mask       Eye Protection       Gloves       Gown       None       Unk	Legionella pneumophila	(MM/DD/YY)			Other:	(MM/DD/YY)			
Image: Sputum       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top or TIGER top tube)       (MM/DD/YY)       Image: Serum (use RED top tube)       (MM/DD/YY)	Positive blood culture, Spec	ify:		(MM/DD/YY)	Other:	(MM/DD/YY)	v		
Sputum       (MM/DD/YY)       I Yes I No       or TIGER top tube)       (MM/DD/YY)       I Yes I No         Tracheal Aspirate (TA)       (MM/DD/YY)       I Yes I No       Pleural fluid (PF)       (MM/DD/YY)       I Yes I No         Bronchial alveolar lavage (BAL)       (MM/DD/YY)       I Yes I No       Other:       (MM/DD/YY)       I Yes I No         Nasopharyngeal or Oropharyngeal (NP/OP)       (MM/DD/YY)       I Yes I No       Other:       (MM/DD/YY)       I Yes I No         Person Contact       If hospitalized, is/was the person in a negative pressure room?       If hospitalized, is/was the person in a private room?       Are/were surgical masks being used by the patient during transport?       Unk IN/A         What PPE did healthcare personnel use when caring for patient or obtaining specimens?       IN95 Mask [ Surgical mask ] Facemask [ Eye Protection ] Gloves ] Gown ] None ] Unk	Specimens for MERS Testing Date Colle			Sent to BPHL?	Specimens for MERS Test	ting Date Collect	ted Sent to BPHL?		
Image: Second and the second and th	Sputum	(MM/DD	<b>/</b> YY)	□ Yes □ No		(MM/DD/Y	Y) 🗌 Yes 🗌 No		
Image: Sector of the sector	Tracheal Aspirate (TA)	(MM/DD	<b>/</b> YY)	🗌 Yes 🔲 No	Pleural fluid (PF)	(MM/DD/Y	Y) 🗌 Yes 🗌 No		
Oropharyngeal (NP/OP)       (MM/DD/Y)       I Yes       No       Other:       (MM/DD/Y)       I Yes       No         Person Contact       If hospitalized, is/was the person in a negative pressure room?       If hospitalized, is/was the person in a negative pressure room?       If hospitalized, is/was the person in a negative pressure room?       If hospitalized, is/was the person in a private room?       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?       I N95 Mask       Surgical mask       Facemask       Eye Protection       Gloves       Gown       None       Unk	Bronchial alveolar lavage (B	AL) (MM/DD,	<b>/</b> YY)	🗌 Yes 🔲 No	☐ Other:	(MM/DD/Y	Y) 🗌 Yes 🗌 No		
If hospitalized, is/was the person in a negative pressure room?       If hospitalized, is/was the person in a private room?       Are/were surgical masks being used by the patient during transport?       If we patient during transport? <t< td=""><td colspan="2">□ Nasopharyngeal or Oropharyngeal (NP/OP) (MM/</td><td colspan="2">/YY) 🗌 Yes 🗌 No</td><td>☐ Other:</td><td>(MM/DD/Y</td><td>Y) 🗌 Yes 🗌 No</td></t<>	□ Nasopharyngeal or Oropharyngeal (NP/OP) (MM/		/YY) 🗌 Yes 🗌 No		☐ Other:	(MM/DD/Y	Y) 🗌 Yes 🗌 No		
room?      Yes      No      Unk      NA       during transport?      Yes      No      Unk      NA         What PPE did healthcare personnel use when caring for patient or obtaining specimens?	Person Contact								
patient or obtaining specimens?				1 / 1		5 5 j i			
Other Notes			<sup>g for</sup> [	N95 Mask 🔲 Surgical	mask 🔲 Facemask 🔲 Eye Pro	otection Gloves	Gown 🗌 None 🗌 Unk		
	Other Notes								

Please add any other pertinent notes in the space below:

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> The Republic of Korea has been added to this list as of June 11, 2015 in accordance to CDC recommendations.

<sup>&</sup>lt;sup>3</sup> 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.