

Zika Testing Data Sheet

Date: _____ Name of person filling out form: _____

Healthcare facility: _____

Name of healthcare provider: _____

Phone number of provider: _____

Name of patient: _____

Patient DOB: _____

Patient address: _____

Patient sex: M or F

Pregnancy status: Y** or N

If yes, current weeks of gestation: _____

Travel history: Y or N

Country/territory: _____

Exact dates of travel: _____

Other exposure (non-travel related): Y or N

Description (e.g., sexual exposure): _____

Symptoms (Please circle; patients who are not pregnant must have at least ONE):**

- Acute onset of fever
- Arthralgia
- Conjunctivitis
- Rash
- GBS

Symptom onset date: _____

*** All pregnant women with appropriate travel history can be tested for Zika virus, regardless of whether they are/were symptomatic. Testing can be offered **2-12 weeks** after they return from travel.*

If you have any questions, please call the NDDoH at 800.472.2180 or 701.328.2378.