

COLLIN COUNTY HEALTH CARE SERVICES SUSPECTED ZIKA REPORT FORM

Reporting Physician Information

Physician's Name:		Physician's Address:		
Physician's Phone #:	City:	State:	County:	

Demographics

Last Name:		First Name:		MI:	
Street Address:			City:		
State:	Zip Code:	County	DOB:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown		If female, pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If female, pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO			If pregnant, how many weeks?		
Primary Phone Number:			Alternate Phone Number:		

Patient History

Is the patient symptomatic? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of 1st Symptom:	Duration of Illness:
Symptoms, check all the apply: <input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Joint Pain <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Chills <input type="checkbox"/> Malaise <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Other:	

Travel History

Country(s) visited and dates of travel:	
Previously vaccinated against any of the following: <input type="checkbox"/> Yellow Fever If yes, year of vaccination: _____ <input type="checkbox"/> Japanese Encephalitis If yes, year of vaccination: _____ <input type="checkbox"/> Tickborne Encephalitis If yes, year of vaccination: _____	

Name of Person Reporting:	Contact Number:	Date of Report:
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Please answer all questions on this form. Fax completed forms to Collin County Health Care Services Epidemiology fax 972-548-4436. You will receive a follow-up from Collin County in regards to the report.

If you have any questions please call 972-548-5596.