

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*):

- Acute onset of fever
- Arthralgia
- Conjunctivitis
- Maculopapular rash
- GBS or other neurologic manifestations

Symptom onset date: _____

- No symptoms – pregnant woman with **ongoing** possible exposure to Zika virus

Zika virus testing may be considered (but is not routinely recommended) for asymptomatic pregnant women with recent possible exposure to Zika virus, but **without ongoing exposure. Testing is not recommended for preconception screening or non-pregnant asymptomatic individuals.*

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