

# Travel-Associated Febrile Illness Screening Form

Date: \_\_\_/\_\_\_/20\_\_\_

Name of caller: \_\_\_\_\_ Phone # of caller: ( ) \_\_\_-\_\_\_\_\_  
Facility: \_\_\_\_\_

Patient Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Sex:  Male  Female If female, pregnant?  Yes  No

If pregnant: EDC: (due date): \_\_\_/\_\_\_/20\_\_\_ LPM (1<sup>st</sup> day of last menstrual period): \_\_\_/\_\_\_/20\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County of Residence: \_\_\_\_\_

## Patient Travel History

Country of Travel	From	Until	Purpose of Travel

Other potential exposures: \_\_\_\_\_

Date seen by physician: \_\_\_/\_\_\_/20\_\_\_

Symptom onset date: \_\_\_/\_\_\_/20\_\_\_

Have symptoms resolved?  Yes  No If yes, when? \_\_\_/\_\_\_/20\_\_\_

## SIGNS AND SYMPTOMS

- Fever (Highest recorded temperature: \_\_\_\_\_ °F) (Duration of fever: \_\_\_\_\_ days)
- Myalgia (muscle aches)  Arthralgia (joint aches)  Headache
- Conjunctivitis  Rash  Rapid, weak pulse
- Gum bleeding  Blood in vomitus, urine or stool  Vaginal bleeding
- Epistaxis (nose bleed)  Ascites (fluid in abdominal cavity)  Pleural effusion (fluid on the lungs)
- Retro-orbital or ocular pain (pain behind the eyes)
- Age-specific hypotension (low blood pressure)
- Petechiae (tiny red rash suggesting capillary involvement)
- Purpura (larger red rash suggesting bleeding abnormality)
- Ecchymosis (still larger rash; bruising)
- Other: \_\_\_\_\_

Was patient hospitalized for this illness?  Yes  No If yes, hospital name: \_\_\_\_\_

Admit date: \_\_\_/\_\_\_/\_\_\_ Discharge date: \_\_\_/\_\_\_/\_\_\_

Did patient die of illness?  Yes  No If yes, when? \_\_\_/\_\_\_/20\_\_\_

Does the patient have: (check box if yes; leave unchecked if no)

- Leukopenia (low white cell count) Specify: \_\_\_\_\_
- Hypoalbuminemia (low protein count) Specify: \_\_\_\_\_ Normal value in your lab: \_\_\_\_\_
- Hemoconcentration (high red blood cell/hemoglobin) Specify: \_\_\_\_\_
- Thrombocytopenia (low platelets) Specify: \_\_\_\_\_
- Hypoproteinemia (low protein) Specify: \_\_\_\_\_

## Any testing done for:

- Dengue:  Yes  No  Unknown Chikungunya:  Yes  No  Unknown  
Malaria:  Yes  No  Unknown Yellow fever:  Yes  No  Unknown  
Influenza:  Yes  No  Unknown Other: \_\_\_\_\_  Yes  No  Unknown

Previously vaccinated for:  Yellow Fever  Japanese Encephalitis  Tick-borne Encephalitis  Unknown

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
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