|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Location ID (assigned by Health Department** | | **Address** | | | **City** | | **Zip Code** | **County** | |
|  | |  | | |  | |  |  | |
| **Structure accessible for survey?** 🞏 Yes 🞏 No | | | | | | | | | |
| **Primary Location Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Eligible for survey†: \_\_\_\_\_\_\_\_** | | | | | | | | | |
| **Survey Conducted in:** 🞏 English 🞏 Spanish 🞏 Haitian Creole 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| No. | **Coworker Demographics** | | **Date/Time of Interview** | **Symptoms during Period of Interest (see above) and Onset Dates (if known)** | | **Travel (within 2 weeks before symptom onset, if coworker symptomatic, or within past 3 months if asymptomatic)** | | | **Date/Time of Specimen Collection** |
| 01 | Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sex: 🞏 F 🞏 M  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Pregnant: 🞏 Yes 🞏 No 🞏 N/A  🞏 Unknown  If Yes:  Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ or LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or Gestational age: \_\_\_\_\_\_\_wks | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible | Fever 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Rash 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Conjunctivitis (red eyes) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Joint pain (not from injury) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Seen at a hospital or clinic for symptoms?  🞏 Yes 🞏 No | | 🞏 Yes 🞏 No  If Yes:  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_**  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | | | Urine  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  Serum  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible |

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| --- | --- | --- | --- | --- | --- | --- | --- |
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| 02 | Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sex: 🞏 F 🞏 M  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Pregnant: 🞏 Yes 🞏 No 🞏 N/A  🞏 Unknown  If Yes:  Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or Gestational age: \_\_\_\_\_\_\_wks | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible | Fever 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Rash 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Conjunctivitis (red eyes) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Joint pain (not from injury) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Seen at a hospital or clinic for symptoms?  🞏 Yes 🞏 No | 🞏 Yes 🞏 No  If Yes:  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_**  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | | | Urine  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  Serum  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible |
| 03 | Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sex: 🞏 F 🞏 M  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Pregnant: 🞏 Yes 🞏 No 🞏 N/A  🞏 Unknown  If Yes:  Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or Gestational age: \_\_\_\_\_\_\_wks | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible | Fever 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Rash 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Conjunctivitis (red eyes) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Joint pain (not from injury) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Seen at a hospital or clinic for symptoms?  🞏 Yes 🞏 No | 🞏 Yes 🞏 No  If Yes:  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_**  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | | | Urine  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  Serum  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible |
| No. | **Coworker Demographics** | **Date/Time of Interview** | **Symptoms during Period of Interest (see above) and Onset Dates (if known)** | | **Travel (within 2 weeks before symptom onset, if coworker symptomatic, or within past 3 months if asymptomatic)** | | **Date/Time of Specimen Collection** |
| 04 | Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sex: 🞏 F 🞏 M  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Pregnant: 🞏 Yes 🞏 No 🞏 N/A  🞏 Unknown  If Yes:  Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or Gestational age: \_\_\_\_\_\_\_wks | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible | Fever 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Rash 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Conjunctivitis (red eyes) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Joint pain (not from injury) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Seen at a hospital or clinic for symptoms?  🞏 Yes 🞏 No | | 🞏 Yes 🞏 No  If Yes:  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_**  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | | Urine  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  Serum  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible |
| 05 | Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sex: 🞏 F 🞏 M  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Pregnant: 🞏 Yes 🞏 No 🞏 N/A  🞏 Unknown  If Yes:  Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or Gestational age: \_\_\_\_\_\_\_wks | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible | Fever 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Rash 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Conjunctivitis (red eyes) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Joint pain (not from injury) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Seen at a hospital or clinic for symptoms?  🞏 Yes 🞏 No | | 🞏 Yes 🞏 No  If Yes:  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_**  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | | Urine  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  Serum  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible |
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| 06 | Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sex: 🞏 F 🞏 M  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Pregnant: 🞏 Yes 🞏 No 🞏 N/A  🞏 Unknown  If Yes:  Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or Gestational age: \_\_\_\_\_\_\_wks | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible | Fever 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Rash 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Conjunctivitis (red eyes) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Joint pain (not from injury) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Seen at a hospital or clinic for symptoms?  🞏 Yes 🞏 No | 🞏 Yes 🞏 No  If Yes:  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_**  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | | | Urine  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  Serum  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible |
| 07 | Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sex: 🞏 F 🞏 M  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Pregnant: 🞏 Yes 🞏 No 🞏 N/A  🞏 Unknown  If Yes:  Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or Gestational age: \_\_\_\_\_\_\_wks | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible | Fever 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Rash 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Conjunctivitis (red eyes) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Joint pain (not from injury) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Seen at a hospital or clinic for symptoms?  🞏 Yes 🞏 No | 🞏 Yes 🞏 No  If Yes:  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_**  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | | | Urine  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  Serum  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible |
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| 08 | Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sex: 🞏 F 🞏 M  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Pregnant: 🞏 Yes 🞏 No 🞏 N/A  🞏 Unknown  If Yes:  Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or Gestational age: \_\_\_\_\_\_\_wks | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible | Fever 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Rash 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Conjunctivitis (red eyes) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Joint pain (not from injury) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Seen at a hospital or clinic for symptoms?  🞏 Yes 🞏 No | 🞏 Yes 🞏 No  If Yes:  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_**  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | | Urine  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  Serum  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible | |
| 09 | Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sex: 🞏 F 🞏 M  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Pregnant: 🞏 Yes 🞏 No 🞏 N/A  🞏 Unknown  If Yes:  Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  or Gestational age: \_\_\_\_\_\_\_wks | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible | Fever 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Rash 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Conjunctivitis (red eyes) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Joint pain (not from injury) 🞏 Yes 🞏 No  Onset date: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  Seen at a hospital or clinic for symptoms?  🞏 Yes 🞏 No | 🞏 Yes 🞏 No  If Yes:  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_**  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of travel:  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** to **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | | Urine  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  Serum  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  \_\_\_\_\_:\_\_\_\_\_ 🞏AM 🞏PM  🞏 Consent declined  🞏 Ineligible | |