



WSLH Patient Medical and Travel History Form

Has this patient traveled to West Africa (Sierra Leone, Guinea or Liberia) or been in direct contact with a known Ebola patient? Yes No

Patient History:

Travel:

International Travel? Yes No Country(ies) _____

Date of Departure _____ Date of Return _____

Symptoms:

Fever Yes No (If Yes, Periodicity? 48hr 72hr No)

Diarrhea Yes No (If Yes, Bloody? Yes No)

**Please fill other symptoms in on the proper WSLH Requisition Form (A- 4105)

Symptomatic at time of blood draw? Yes No

Treatment:

Prophylaxis taken prior or during travel? Yes No

Prophylaxis agent(s) taken _____

Malaria treatment given? Yes No

Antimalarial(s) given _____ Date given _____

Contact Exposure:

Vector Contact? Yes No

Known or Suspect Vector _____

History of Blood Transfusion? Yes No (Date _____)

Laboratory Results:

Previous Blood Pathogen Dx History? Yes No (If Yes, date _____)

Previous Pathogen(s) _____

Pathogen(s) Suspected Currently:

Malaria Babesia Trypanosoma Leishmania Microfilaria

Ehrlichia/ Anaplasma Other _____

Submitter Current Laboratory Findings:

Specimen not tested in our laboratory

No pathogens found

Pathogen(s) present: _____

Stages/ Forms Found: _____

Parasitemia (if applicable) _____

***Please submit this form along with WSLH CDD Requisition Form A (4105)**