



Dengue, Chikungunya, Zika, and Febrile Illness Reporting Form (Leptospirosis, Melioidosis)

US Virgin Islands Department of Health, Epidemiology Division

Post Irma/Maria Numbers -- Phone: (340) 626-1654 or (340) 774-7477 Ext. 5646

Fax: (340) 776-1506



Case Number, Specimen #, Days Post Onset (DPO), Type, Date Received, SAN ID, GCODE

PLEASE READ AND COMPLETE ALL SECTIONS *especially those marked with an asterisk*

*Suspected disease: Dengue, Chik, Zika, Lepto, Melio; Today's Date; Island: St. Croix, St. John, St. Thomas, Water Island

Patient Data; *Hospitalized due to this illness?; Record Number:

Patient Name (Last, First, MI); Fatal?; Mental Status Change?

*Home, Physical Address (indicate ESTATE); Physician Who Referred This Case; *Physician Name, Address, Phone, Email, Fax

Patient's Demographic Information; *Date of Birth; Age; Gender; Pregnant?; Ethnicity; Race

Who filled out this form?; Name (complete); Relationship with patient; Telephone; Fax; Email

Must Have the Following Information for Sample Processing

*Date of first symptom; *Date specimen taken; How long have you lived in this city?; Country of Birth; During the 14 days before onset of illness, did you TRAVEL to other cities or countries?; Where did you travel?; Are there any sick contacts in your household?

PLEASE indicate below the signs and symptoms that the patient had at the time of illness

Table with columns for signs and symptoms (Fever, Platelets, Hemorrhagic Manifestation, Evidence of Capillary Leak, Warning Signs, Symptoms, Additional Symptoms) and checkboxes for Yes, No, Unk.