

Additional Infant Follow-Up History

Does the mother have any concerns about her infant? Please note:

Infant Physical Exam (Update at each well-child visit.)

Date	Age	HC	Wt.	Len.	Findings

Next Follow-Up Appointment (Update at each well-child visit.)

Date and Time	Provider	Date and Time

Developmental Screening**

Age	Tool	Results

**Developmental monitoring and screening using validated screening tools recommended by the American Academy of Pediatrics (<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Tools.aspx>).

ZIKA CLINICAL SUMMARY CARD

(Tarjeta de Resumen Clínico del Zika)



For patients: Please take this card with you when you see your or your child's doctor. The doctor will fill out the form. It will help make sure your child receives the care that he or she needs.

Para pacientes: Por favor lleve esta tarjeta con usted cuando vea a su proveedor de atención médica o al de su hijo. El médico llenará el formulario. Esto ayudará a asegurar que su niño o niña reciba la atención que necesita.

For providers: Please review the information recorded in this card and update as needed. Please ensure that the card is returned to the patient after their visit.

Mother's Information

Name: _____

Date of Birth: _____

Phone: _____

Estimated Date of Delivery: _____

Obstetric Provider

Name: _____

Clinic Name: _____

Phone: _____

Pediatric Provider

Name: _____

Clinic Name: _____

Phone: _____



Centers for Disease Control and Prevention
National Center on Birth Defects and Developmental Disabilities

Mother's Zika-Related Clinical History

Possible Zika exposure and symptoms during pregnancy

Check all that apply:

- Travel to an area with risk of Zika
- Lived in an area with risk of Zika
- Had sex without a condom with someone who lives in or traveled (circle one: ongoing*/not ongoing) to an area with risk of Zika
- Symptoms of Zika virus infection (Onset Date: ___ / ___ / _____)
Symptoms _____

Travel dates and locations

Mother's Zika-related lab testing

Date of collection	Test Type [†] (e.g., Zika virus NAT, IgM, PRNT)	Result [§]

Prenatal Zika-related imaging

Please include date, type (e.g., Ultrasound), and notable results:

*Persons with ongoing possible Zika virus exposure include those who reside in or frequently travel (e.g., daily or weekly) to an area with risk for Zika virus transmission.

[†]Nucleic Acid Testing (NAT), Plaque Reduction Neutralization Test (PRNT)

[§]Guidance on lab test interpretation can be found at the following website: <https://www.cdc.gov/zika/hc-providers/testresults.html>. For questions or assistance please contact your local health department.

Infant Zika-related Clinical History

Infant information

Name: _____

Date of Birth: _____

Gestational Age at Birth: _____

Pregnancy and delivery complications: _____

Infant Evaluation at Birth[¶]

Date	Evaluation	Findings
	Comprehensive physical exam	
	Neurologic assessment	
	Postnatal head imaging	
	Audiology evaluation	
	Ophthalmology evaluation	

Infant Zika-related lab testing

Date of collection	Test Type [†] (e.g., Zika virus NAT, IgM, PRNT)	Result [§]

Summary of mother and infant risk for Zika

Check if yes:

- Possible maternal prenatal risk factors?
- Mother tested positive or equivocal?
- Infant tested positive or equivocal?
- Clinical findings consistent with congenital Zika syndrome?

[¶]Guidance on infant evaluation and follow-up care can be found at the following site: <https://www.cdc.gov/pregnancy/zika/testing-follow-up/infants-children.html>

[†]Nucleic Acid Testing (NAT), Plaque Reduction Neutralization Test (PRNT)