

Maternal Information - Placenta specimens and cord specimens should be recorded

Name _____ DOB _____ Last Date of Possible exposure _____ (add dates if traveled >once) _____ Delivery date or EDC _____

Date	Specimen Type	Zika Virus Test Type (one test per line)	Result	Physician name	Physician Phone #
_____	<input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> IgM <input type="checkbox"/> Zika PRNT <input type="checkbox"/> Dengue PRNT <input type="checkbox"/> MIA <input type="checkbox"/> Other _____	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Equivocal <input type="checkbox"/> Other _____	_____	_____
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Pediatric Information

Name _____ DOB _____ Gestational age at birth _____

Date	Specimen Type	Zika Virus Test Type (one test per line)	Result	Physician name	Physician Phone #
_____	<input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> IgM <input type="checkbox"/> Zika PRNT <input type="checkbox"/> Dengue PRNT <input type="checkbox"/> MIA <input type="checkbox"/> Other _____	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Equivocal <input type="checkbox"/> Other _____	_____	_____
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Infant Measurements

Date	Age <small>AT DELIVERY</small>	Head Circumference	Cranial Imaging	Weight	Length
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Infant Hearing Test

Date	Initial Test
_____	R <input type="checkbox"/> Pass <input type="checkbox"/> Fail L <input type="checkbox"/> Pass <input type="checkbox"/> Fail
_____	L <input type="checkbox"/> Pass <input type="checkbox"/> Fail R <input type="checkbox"/> Pass <input type="checkbox"/> Fail
_____	Follow-up
_____	R <input type="checkbox"/> Pass <input type="checkbox"/> Fail L <input type="checkbox"/> Pass <input type="checkbox"/> Fail
_____	L <input type="checkbox"/> Pass <input type="checkbox"/> Fail R <input type="checkbox"/> Pass <input type="checkbox"/> Fail
_____	R <input type="checkbox"/> Pass <input type="checkbox"/> Fail L <input type="checkbox"/> Pass <input type="checkbox"/> Fail
_____	L <input type="checkbox"/> Pass <input type="checkbox"/> Fail R <input type="checkbox"/> Pass <input type="checkbox"/> Fail
_____	R <input type="checkbox"/> Pass <input type="checkbox"/> Fail L <input type="checkbox"/> Pass <input type="checkbox"/> Fail
_____	L <input type="checkbox"/> Pass <input type="checkbox"/> Fail R <input type="checkbox"/> Pass <input type="checkbox"/> Fail
_____	R <input type="checkbox"/> Pass <input type="checkbox"/> Fail L <input type="checkbox"/> Pass <input type="checkbox"/> Fail
_____	L <input type="checkbox"/> Pass <input type="checkbox"/> Fail R <input type="checkbox"/> Pass <input type="checkbox"/> Fail

Infant Eye Exam

Date	Test Result
_____	Right Eye _____
_____	Left Eye _____
_____	Right Eye _____
_____	Left Eye _____
_____	Right Eye _____
_____	Left Eye _____

What is the Zika Pregnancy and Infant Registry?

The US Centers for Disease Control developed the U.S. Zika Pregnancy and Infant Registry to:

- Learn more about the effects of Zika virus infection (Zika) during pregnancy
- Learn more about the growth and development of babies whose mothers had Zika while pregnant

The knowledge gained from this registry will help doctors and other healthcare providers care for pregnant women and their babies.

What Children Need Early Help?

Any child from birth to age three with a developmental delay, disability or condition that affects development may need help.

What Help is Available?

Early intervention services are provided to help your child grow and develop, and to help you support and promote your child's development. These services include evaluation services (such as hearing and vision screening); home visits; speech, physical and other therapies; child development groups; family counseling; and, sometimes, even help with transportation. These services are provided at no out-of-pocket cost to you.

Contact Us

For general information about Zika Virus call the New York State Department of Health's Bureau of Communicable Disease Control:

1-518-473-4439

You can also visit:

https://www.health.ny.gov/diseases/zika_virus

For more information about Early Intervention, please contact:

1-800-522-5006 or

311 for New York City residents.

You can also email:

beipub@health.ny.gov



**Department
of Health**

Zika Health Passport



What do I do with this card?

If you are getting any testing related to Zika Virus for you or your child, please bring this card with you for your health care provider appointments. This will help ensure your provider has all available Zika testing performed so they can make decisions about your care.