



Infant's State/Territory ID _____ Mother's State/Territory ID _____

Approved
OMB No. 0920-1101
Exp. 08/31/2016

Pregnancy and Zika virus disease surveillance form

These data are considered confidential and will be stored in a secure database at the Centers for Disease Control and Prevention

Please return completed form by sending an encrypted email to ZIKApregnancy@cdc.gov or by fax to the secure number: 404-718-2200. Pregnancy & Birth Defects phone number: 770-488-7100

Infant follow up: 2 months 6 months 12 months

Findings: *check all that apply*

- Microcephaly Cerebral (brain) atrophy Intracranial calcification Ventricular enlargement
- Lissencephaly Pachygyria Hydranencephaly Porencephaly
- Abnormality of corpus callosum Other abnormalities (*please describe below*)

Hearing screening or re-screening: Not performed Unknown
If performed: (date: ___/___/___) Pass Fail or referred, please describe

Audiological evaluation: Not performed Unknown
If performed: (date: ___/___/___) Normal Abnormal, please describe

Retinal exam (with dilation): Not Performed Unknown
If performed: please check all that apply: (date: ___/___/___)
 Microphthalmia Chorioretinitis Macular pallor Other retinal abnormalities(*please describe below*)

Other abnormal tests/results/diagnosis (include dates): No Yes (*date: ___/___/___*)
please describe

Provider Information

Pediatric Provider name: Dr. PA RN Mr. Ms. _____
Phone: _____ **Email:** _____ **Date of form completion** ___/___/___

Name of person completing form: (if different from provider) _____
Hospital/facility: _____ **Phone:** _____
Email: _____ **Date of form completion** ___/___/___

Health Department Information

Name of person completing form: _____
Phone: _____ **Email:** _____ **Date of form completion** ___/___/___

FOR INTERNAL CDC USE ONLY

Mother ID: _____ **State/territory ID:** _____



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Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-1101)