



## EXPOSURE HISTORY

Exposure period: ...../...../..... to ...../...../.....  
(Onset date – 12 days) (Onset date – 2 days)

### During the exposure period, did the case:

- **travel?**  No  Yes → Within Australia:  No  Yes – *if in QLD, please complete itinerary below*  
→ Overseas:  No  Yes – *please complete itinerary below*
- **have sexual contact with a person suspected to have Zika or who had travelled to a Zika-affected area?**  
 No  Unknown  Yes – *specify* .....
- **report mosquito exposure?**  No  Unsure  Yes – *specify* .....

### Travel itinerary

Destination	From (date)	To (date)	Places stayed/visited
	...../...../.....	...../...../.....	
	...../...../.....	...../...../.....	
	...../...../.....	...../...../.....	

### Travel companions

Name	DOB / age	Recent febrile illness/rash?	Tested?	Result	Pregnant?	Fact sheet provided
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

### Place Zika virus likely acquired

- Overseas – *specify* .....  Queensland
- Other Australian state/territory – *specify* .....  Unknown

### Likely mode of transmission

- Mosquito-borne  Sexual  Other / unknown – *specify* .....

NOTIFICATION DECISION:  Confirmed case  Probable case  Rejected - *specify* .....

Date: ...../...../.....