ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Malaria History Form

Apply SLI Label

For Lab Use Only

Ebola/VHF Risk (National Case Definition: Ebola Virus Disease (EVD) - Public Health Agency of Canada).
If patient is at risk for Viral Hemorrhagic Fever call the Medical Officer of Health (403-264-5616) immediately before testing. Alternately contact the MOC (403-770-3757) if the MOH is unavailable.

☐ **ACUTE MALARIA:** Symptomatic patient only Complete both Travel & Clinical History sections ☐ **MALARIA SCREEN:** Asymptomatic patient Complete Travel history section below Note: results provided within 24h of specimen collection ☐ **PRE-EMPLOYMENT REQUEST**	**Patient Full Name (first and last):** **PHN #, RHRN #, or unique identifier #:** **Ordering Physician:** **After hours contact number (required):**

TRAVEL HISTORY	**CLINICAL HISTORY**
Pre-travel advice from Clinic/physician: ☐ **Yes** ☐ **No**	**Onset of Symptoms:** / / (YYYY / MMM / DD)
Reason for Travel: ☐ Tourism ☐ Business ☐ New Immigrant ☐ Visiting friends / relatives ☐ Visitor to Canada	**Symptoms and Signs:** (Check all that are present) ☐ Fever / Chills / Rigors ☐ Headache ☐ Sore Throat ☐ Cough ☐ Arthralgia / Myalgia ☐ Diarrhea ☐ Splenomegaly

Countries with Malaria Visited
For affected countries refer to *Malaria-Endemic Countries*

Country:	**Departure Date:**

Malaria Prophylaxis taken?
Indicate below:

☐ None
☐ Chloroquine
☐ Mefloquine
☐ Doxycycline
☐ Malarone
☐ Other (specify):

Date of Arrival in Canada: / / (YYYY / MMM / DD)	**On Malaria Treatment** ☐ **Yes** ☐ **No**

Questions? Call the Laboratory Information Centre at 403-770-3600