Alberta Public Laboratories (APL)

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

Pre-travel advice from Clinic/physician: ☐ **Yes** ☐ **No**

Reason for Travel:

- ☐ Tourism
- ☐ Business
- ☐ New Immigrant
- ☐ Visiting friends / relatives
- ☐ Visitor to Canada

CLINICAL HISTORY

Onset of Symptoms: ____ / ____ / ____
YYYY MMM DD

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