Malaria Test

Patient Information	
Name:	
Date of Birth:	
Gender:	
Address:	
Contact Number:	

Medical History & Related Questions	
Recent travel history:	☐ Visited malaria-endemic area (Africa)
Symptoms:	☐ Fever ☐ Chills ☐ Sweating ☐ Fatigue
Date symptoms began:	
Previous malaria infections:	☐ Yes ☐ No
Current medications:	☐ Yes (please list) ☐ No
Known allergies:	☐ Penicillin ☐ None

Tests	
Test Administered:	☐ Blood Smear ☐ Rapid Diagnostic Test (RDT) ☐ Polymerase Chain Reaction (PCR)
Date of Test:	
Sample Type:	

Findings	
Presence of Plasmodium parasites:	☐ Detected ☐ Not Detected
Species of Plasmodium (if applicable):	
Parasite density:	
Additional findings:	☐ Mild anemia ☐ Others

Interpretation	
Malaria Test Result:	☐ Positive ☐ Negative
Severity of infection:	☐ Moderate ☐ Severe ☐ Mild
Recommended treatment plan:	

Overall Interpretation

Doctor's Signature:

License Number:

Date: