

Malaria Test

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

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

Tests	
Test Administered:	<input type="checkbox"/> Blood Smear <input type="checkbox"/> Rapid Diagnostic Test (RDT) <input type="checkbox"/> Polymerase Chain Reaction (PCR)
Date of Test:	
Sample Type:	

Findings	
Presence of Plasmodium parasites:	<input type="checkbox"/> Detected <input type="checkbox"/> Not Detected
Species of Plasmodium (if applicable):	
Parasite density:	
Additional findings:	<input type="checkbox"/> Mild anemia <input type="checkbox"/> Others

Interpretation	
Malaria Test Result:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Severity of infection:	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Mild
Recommended treatment plan:	

