City of Berkeley Monkeypox Screening Worksheet

Approval is needed if sending to CDPH/VRDL please call 510-981-5292 to request approval from COB prior to submitting specimens
Approval is not needed if using commercial lab, fill out screening form and send to COBCD@cityofberkeley.info

REPORTING AGENCY- Fill out this portion if discussed with LHJ- otherwise leave blank			
Investigator Name	*Local Health Jurisdiction*	*Telephone Number/ email*	*Date of encounter*

HEALTHCARE PROVIDER INFORMATION			
Provider Name	*Affiliation*	*Location*	*Contact information*
Reason for submission	☐ Monkeypox testing ☐ Clinical consultation ☐ Possible Exposure/ contact with a case ☐ Other________________		

Patient Information					
Last Name	*First Name*	*DOB*	*Gender*	*Race*	*Ethnicity*
MRN:	*CalREDIE ID (If Known):*	*Patient Location* ☐ Home ☐ Outpatient Clinic/ER ☐ Hospital inpatient	*Location details (Address)*		
Patient contact info (address, phone number, email)			*Patient occupation*		

If approval needed: Disposition (Suspect monkeypox case: new characteristic rash OR meets one of the epidemiologic criteria and high clinical suspicion for monkey pox) Case Definitions† for Use in the 2022 Monkeypox Response | Monkeypox | Poxvirus | CDC

☐ Testing approved, meets clinical and epi criteria ☐ Testing approved, other reason:____________ ☐ No testing ☐ Need additional information:

CLINICAL INFORMATION		
Symptomatic? ☐ Yes ☐ No ☐ Unknown	*If Yes, onset date of symptoms (mm/dd/yyyy)*	*Have alternative diagnoses been considered/ ruled out (i.e. syphilis, varicella/varicella zoster, herpes)?* ☐ Yes ☐ No ☐ Unknown

Significant past medical history:

Immunocompromise: ☐ Yes ☐ No ☐ Unknown Other (specify):

Signs and Symptoms	**Yes**	**No**	**Unk**	**If Yes, Specify as Noted**	
Fever (>100.4°F or 38°C) or Chills				*Onset Date of Fever or Chills (mm/dd/yyyy)*	*If Fever Measured, Highest Temperature (°F or °C)*
Lymphadenopathy				*Describe location*	
Malaise/ exhaustion				*Describe*	
Other				*Specify other symptoms*	

Rash		***Comments/ notes***
General description of rash	*Check all that apply* ☐ Macular ☐ Papular ☐ Vesicular ☐ Pustular	
Detailed appearance	☐ Deep-seated ☐ Well-circumscribed ☐ Umbilicated ☐ Other:	
Distribution	☐ Generalized ☐ Localized	
Location (Please ask specifically about genital and perianal lesions)	*Check all that apply* ☐ Tongue/mouth/ oropharynx ☐ Face ☐ Hands ☐ Feet ☐ Genitalia ☐ Perianal ☐ Other (describe) ☐ Other (describe)	*Progression of lesions (describe where started, and how spread)*

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Berkeley Monkeypox Screening Worksheet for Healthcare Provides

TRAVEL HISTORY
Did patient travel or live outside county of residence during the incubation period? ☐ Yes ☐ No ☐ Unknown

TRAVEL HISTORY – DETAILS

Travel Type	**State**	**Country**	**Other location details (city, resort, etc.) / Events / venues attended**	**Date Travel Started (mm/dd/yyyy)**	**Date Travel Ended (mm/dd/yyyy)**
☐ Domestic ☐ International ☐ Unknown					
☐ Domestic ☐ International ☐ Unknown					
☐ Domestic ☐ International ☐ Unknown					

SOCIAL HISTORY

Sexual Orientation		Gender of sexual contacts
Known contact with someone with confirmed or suspected monkeypox?	☐Yes ☐No ☐ Unknown	*If yes, describe:*
Contact with someone with similar symptoms such as a rash or lesion?	☐Yes ☐No ☐ Unknown	*If yes, describe:*
Patient self-identifies as gay, bisexual, or man who has sex with men (MSM)?	☐Yes ☐No ☐ Unknown	*If yes, describe:*
Patient regularly had close or intimate in-person contact with other men including those who met through an online website, digital application (“app”), at a bar, party, or at a massage parlor?	☐Yes ☐No ☐ Unknown	*If yes, describe:*
Patient has other sexual partners? (i.e., open relationship, non-monogamous relationship, or casual contact)	☐Yes ☐No ☐ Unknown	*If yes, describe:*
Other Comments:		

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Specimen Submittal/Testing information:

City of Berkeley Consulted? ☐Yes ☐ No ☐Unknown Date:	*COB name/ contact info*	
Location of lesions tested	*Number of lesions collected*	*Date of collection*
Testing laboratory used: ☐ *Quest* ☐ *Labcorp* VRDL Other	*If sending to VRDL and after approval by COB, please notify CDPH by sending a specimen submittal form prior to sending specimens to* Monkeypox.LRNB@cdph.ca.gov *and cc* COBCD@cityofberkeley.info. *If testing through commercial lab please email this completed form to* COBCD@cityofberkeley.info only.	

COMMENTS: