Malaria Test

Patient information	
Name: Glen Brown	
Date of birth: 12/15/1985	
Gender: Male	
Patient ID: 123456789	
Date of test: November 16, 2024	
Screening questions	
1. Have you experienced any of the following symptoms (Select all that apply)	
☑ Fevers	☑ Fatigue
☑ Chills	☐ Muscle pain
☐ Headache	☐ Nausea or vomiting
☐ Other (please specify):	
2. Have you traveled to a malaria-endemic area in the past 12 months?	
◉ Yes	○ No
3. Do you know if you have been bitten by mosquitoes in a malaria-endemic area?	
◉ Yes	○ No
4. Have you received any malaria prophylaxis medications?	
○ Yes	◉ No
5. Are you currently experiencing any other health issues?	
◉ Yes (please specify):	
○ No	
Sample type: Whole blood	
Sample collected by: Sarah Johnson, RN	
Type of test conducted (select all that apply)	
☑ Rapid diagnostic test (RDT)	☑ Microscopic examination (Blood smear)
☐ PCR testing	
☐ Other (please specify):	

Results	
◉	**Positive (Malaria infection confirmed)**: Presence of malaria antigens indicates an active malaria infection. Prompt treatment is required.
○	**Negative (No malaria detected):** Absence of malaria parasites suggests no malaria infection.

Additional notes

-Malaria confirmed through RDT and microscopic examination.
-The identified species is Plasmodium falciparum.
-Immediate initiation of antimalarial treatment recommended.

Name of healthcare provider: Dr. Emily Carter

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Signature: Dr. Emily Carter