



A Tradition of Stewardship  
A Commitment to Service

NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY

PATIENTS SENT FOR ZIKA VIRUS TESTING

Fax to: 707-299-4479

Practice Name: \_\_\_\_\_ Date Submitted \_\_\_\_\_

Person Reporting: \_\_\_\_\_ Contact number: \_\_\_\_\_

PATIENT NAME	DOB	PATIENT CONTACT #	PREGNANT- Y/N	REQUESTING PROVIDER

Please record all patients tested for Zika Virus on this list and fax to our confidential fax number on a daily basis.

You do not need to report to us if no patients are sent for Zika testing.

Thank you for your cooperation! Please call 707-253-4231 if you have any questions.

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