



**Questions for Malaria Workup**

Please complete this document and send with the patient's lab requisition/order.

1. Travel History (include all travel history, domestic and international):  
\_\_\_\_\_
2. Date Returned to U.S.(if traveled internationally): \_\_\_\_\_
3. Does patient have previous malaria diagnosis? \_\_\_\_\_
4. If so, what species was identified? \_\_\_\_\_