Student Health Care Center
(352) 392-1161

CONFIDENTIAL
Avian Flu Questionnaire

Name: _____ Date of Birth: (mm/dd/yyyy): _____

UF ID: _____ Daytime Phone: (_____) _____

Email Address: _____ Evening Phone: (_____) _____

Questions to be asked by nurse:

YES or NO Recent travel to an infected area? If **YES**, list area of recent travel and date:
_____

YES or NO Close contact with person(s) identified with Avian Flu? (Close contact is defined as caring for or living with someone with flu, or having direct contact with infectious material such as, respiratory secretions from a person with flu, or indirect contact with infected birds.)

YES or NO Do you have a fever greater than 100.4^{o}F or 38°C?
Record temperature: _____

YES or NO Respiratory symptoms? (i.e. sore throat, cough, shortness of breath, difficulty breathing)

YES or NO Muscle/Body Aches?

YES or NO Eye Inflammation (conjunctivitis)?

YES or NO Were there family members who accompanied you?
If **YES**, list details (name, age and relationship): _____
_____
_____
_____

_____ Patient informed contact information will be shared with the Alachua County Public Health Department (352-334-7981 or 352-334-8827).

_____ Information has been reviewed.

YES or NO Risk factors identified. Any instructions given to patient: _____
_____
_____
_____

☐ ***Faxed to Alachua County Public Health Department***
Fax number: 352-334-7935
Epidemiology Department

Nurse Signature:_____
Date: _____
Referred to: _____