

BRODY SCHOOL OF MEDICINE SHORT TERM VISITOR HEALTH QUESTIONNAIRE

(For visits spanning less than 14 consecutive calendar days)

Name _____ Date of Birth (Mo/Day/Yr) _____
First M. Last

Do you currently have:

- a cough that produces phlegm? _____ Yes _____ No
- a cough that produces blood? _____ Yes _____ No
- a cold or sinus infection? _____ Yea _____ No
- a fever? _____ Yes _____ No
- a runny nose? _____ Yes _____ No
- a newly formed rash? _____ Yes _____ No
- abdominal pain? _____ Yes _____ No
- diarrhea? _____ Yes _____ No

Do you feel ill in any way? _____ Yes _____ No

Within the past two weeks, have you been in contact
with anyone with measles, mumps or chicken pox? _____ Yes _____ No

Are you currently pregnant? _____ Yes _____ No

Are you allergic to latex? _____ Yes _____ No

If yes, do you experience wheezing
or shortness of breath due to latex allergy? _____ Yes _____ No

I certify that all information provided above is true to the best of my knowledge.

Signature _____ Date _____

FOR OFFICE USE ONLY

_____ I have reviewed and cleared this visitor to the Brody School of Medicine (all answers are “no”).

_____ I am unable to clear this visitor due to a potential risk to patients and/or visitor (any “yes” answers.)

Signature _____ Date _____