

THE UNIVERSITY OF KANSAS PHYSICIANS

Department of Internal Medicine – Infectious Disease

ROOM # (Nurse Use Only)	
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Name: _____
DOB: _____
MRN: _____

Are you currently experiencing any of the following symptoms?

Have you traveled to Guinea, Liberia, Sierra Leone, or been exposed to <i>Ebola Virus</i> in the last 21 days?	N	Y
Fevers, Chills, or Night Sweats	N	Y
Weight Changes	N	Y
Headaches	N	Y
Changes in Vision	N	Y
Black-out Spells	N	Y
Ringing in Ears	N	Y
Bloody Noses	N	Y
Chest Pains	N	Y
Irregular Heart Beats	N	Y
Cough	N	Y
Shortness of Breath	N	Y
Nausea	N	Y

Vomiting	N	Y
Diarrhea	N	Y
Blood in Stools	N	Y
Stomach or Side Pain	N	Y
Difficulty Urinating	N	Y
Problems with Joints or Muscles	N	Y
Seizures, Weakness, or Numbness	N	Y
Skin Rash	N	Y
Alcohol Use	N	Y
Tobacco Use	N	Y
Recreational or IV Drug Use	N	Y
New Sexual Partners	N	Y
Are you planning to have children?	N	Y

If you are 50+, have you ever had a bone density test?	Yes	No	Unsure
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