

Please customize this form to suit your research requirements.

The form will be read by a machine. Therefore it is important to use blue or black ballpoint pen and write clearly.

Recipient's name

Date of Birth

		/			/				
<i>D</i>	<i>D</i>		<i>M</i>	<i>M</i>		<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>

Age

Ethnicity

☐ White ☐ Mixed ☐ Asian ☐ Black

(Please cross one)

Blood Type

☐ A ☐ B ☐ AB ☐ O

(Please cross one)

Patient's Temperature . °C

Have you travelled outside of the Country in the last 14 days?

(Please cross one)

☐ Yes ☐ No

Have you had contact with anyone who has travelled to an area with a known outbreak in the last 14 days?

(Please cross one)

☐ Yes ☐ No

Do you have any allergies?

(Please cross one)

☐ Yes ☐ No

During the past 12 months have you had swine influenza or other influenza-like illness?

(Please cross one)

☐ Yes ☐ No

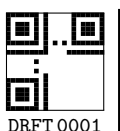
If you had influenza, mark which symptoms you had and how many days they lasted.

Please cross all that apply

1. Headache
2. Stuffy nose / runny nose
3. Sore throat
4. Cough

No	Yes	0-2 days	3-5 days	More than 5
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

To respond ☒ or ☐



Please cross all that apply

5. Shortness of breath
6. Chest pain
7. Fever below 39.0
8. Fever of 39.0 or higher
9. Fever (not measured)
10. Convulsions
11. Other convulsions
12. Joint pain
13. Muscle pain
14. Vomiting, diarrhoea
15. Ear infection
16. Pneumonia

No

Yes

0-2 days

3-5 days

More than 5 days

Do you have one or more of the following diseases / conditions?

Please cross one in each line

- 
- ☐ 1. Asthma
 - ☐ 2. Diabetes type 1
 - ☐ 3. Diabetes type 2
 - ☐ 4. Other lung disease
 - ☐ 5. Severe overweight
 - ☐ 6. Cardiovascular disease
 - ☐ 7. Kidney disease
 - ☐ 8. Impaired immune system

Yes

No

Have you had a flu vaccination within the last nine months?

(Please cross one)

☐ Yes

☐ No

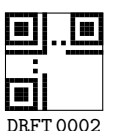
If you have visited a foreign country in the past three months, please indicate here

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Please describe how you are feeling today

--

To respond ☐ or ☒



DRFT 0002

Office-use only. Please leave the following fields empty.

Recent illness or infection

(Please cross one)

☐ Positive

☐ Negative

PREVIEW

To respond  or 

