Study ID: __ __ __ __ __ __ __ __ __ __

CEIRS Human Influenza Surveillance Study
Form 6A: Medical History

The following questions are about the subject's recent medical care and medications.

1. ED arrival
   Arrival Date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)
   Arrival Time: __ __ : __ __ (hh:mm) (24-hour clock)

2. Has the subject been admitted to the hospital (i.e. stayed overnight) within the past 30 days?

   ☐ No ☐ Yes ☐ Unknown

   If Yes,
   a. For how many days was the subject admitted? _____Days
   b. When was the subject discharged? _____/_____/_____ (mm/dd/yyyy)

3. Has the subject taken any antibiotics within the past 30 days?

   ☐ No ☐ Yes ☐ Unknown

   a. If Yes, how many antibiotics were taken? _____Antibiotics

For each antibiotic received, specify the antibiotic name, date started, days taken, and condition it was prescribed for (i.e. indication; If unknown, please write "unknown").

Antibiotic 1
Name: _____
Date started: _____/_____/_____ (mm/dd/yyyy)
Days taken for: _____Days
Indication: _____

Antibiotic 2
Name: _____
Date started: _____/_____/_____ (mm/dd/yyyy)
Days taken for: _____Days
Indication: _____

Antibiotic 3
Name: _____
Date started: _____/_____/_____ (mm/dd/yyyy)
Days taken for: _____Days
Indication: _____

Antibiotic 4
Name: _____
Date started: _____/_____/_____ (mm/dd/yyyy)
Days taken for: _____Days
Indication: _____

4. Has the subject taken any influenza antivirals within the past 30 days?

☐ No ☐ Yes ☐ Unknown

Examples are: Oseltamivir (Tamiflu), Zanamivir (Relenza), Amantadine (Symmetrel), or Rimantadine (Fluadine)

If Yes,

a. Name of influenza antiviral _____
b. Date the subject started the antiviral: _____/_____/_____ (mm/dd/yyyy)
c. How many days did the subject take the antiviral for? _____Days

5. Is the subject currently taking steroids (pill or injections)?

☐ No ☐ Yes ☐ Unknown

If Yes, how many steroids is the subject taking? _____Steroids

For each steroid, specify the steroid name and dose.

Steroid 1
Name: _____
Dose: _____

Steroid 2
Name: _____
Dose: _____

Steroid 3
Name: _____
Dose: _____

Steroid 4
Name: _____
Dose: _____

6. Is the subject taking any medications that suppress their immune system?

☐ No ☐ Yes ☐ Unknown

If Yes, which medications (Check all that apply*)

_____ Methotrexate
_____ Tacrolimus (Propgraf)
_____ Mycopehnolate (Cellcept)
_____ Other, specify: _____

* Please see Appendix 4 for a list of additional immunosuppressive medications

Medical History

The next few questions are about the subject's overall medical history.

7. Does the subject have Chronic Lung Disease? ☐ No ☐ Yes ☐ Unknown

   If Yes, does the subject have:

   Asthma? ☐ No ☐ Yes ☐ Unknown

   COPD? ☐ No ☐ Yes ☐ Unknown

   Cystic Fibrosis? ☐ No ☐ Yes ☐ Unknown

   Other, specify: _____

8. Does the subject have any Cardiovascular Disease?

   ☐ No ☐ Yes ☐ Unknown

   If Yes, does the subject have:

   Coronary Artery Disease? ☐ No ☐ Yes ☐ Unknown

   Congestive Heart Failure? ☐ No ☐ Yes ☐ Unknown

   Cardiomyopathy? ☐ No ☐ Yes ☐ Unknown

   Vascular Disease? ☐ No ☐ Yes ☐ Unknown

   Congenital Heart Disease? ☐ No ☐ Yes ☐ Unknown

   Other, specify: _____

9. Does the subject have Renal Disease? ☐ No ☐ Yes ☐ Unknown

   If Yes, does the subject have:

   End Stage Renal Disease? ☐ No ☐ Yes ☐ Unknown

   Other, specify: _____

10. Does the subject have any Hepatic Disease? ☐ No ☐ Yes ☐ Unknown

    If Yes, does the subject have:

    Cirrhosis? ☐ No ☐ Yes ☐ Unknown

    Hepatitis B? ☐ No ☐ Yes ☐ Unknown

    Hepatitis C? ☐ No ☐ Yes ☐ Unknown

    Other, specify: _____

11. Does the subject have any Endocrine/ Metabolic Disorders?

    ☐ No ☐ Yes ☐ Unknown

    If Yes, does the subject have:

    Diabetes? ☐ No ☐ Yes ☐ Unknown

    Thyroid Disorder? ☐ No ☐ Yes ☐ Unknown

    Other, specify: _____

12. Does the subject have any Hematological Disease?

☐ No ☐ Yes ☐ Unknown

If Yes, does the subject have:

Sickle Cell Disease? ☐ No ☐ Yes ☐ Unknown

Lymphoma? ☐ No ☐ Yes ☐ Unknown

Leukemia? ☐ No ☐ Yes ☐ Unknown

Other, specify: _____

13. Does the subject have any Neurological Disorders?

☐ No ☐ Yes ☐ Unknown

If Yes, does the subject have:

Stoke? ☐ No ☐ Yes ☐ Unknown

Seizure/Epilepsy? ☐ No ☐ Yes ☐ Unknown

Intellectual Disability? ☐ No ☐ Yes ☐ Unknown

Multiple Sclerosis? ☐ No ☐ Yes ☐ Unknown

Muscular Dystrophy? ☐ No ☐ Yes ☐ Unknown

Spinal Cord Disease or Injury? ☐ No ☐ Yes ☐ Unknown

Peripheral Nerve Disease? ☐ No ☐ Yes ☐ Unknown

Cerebral Palsy? ☐ No ☐ Yes ☐ Unknown

Other, specify: _____

14. Does the subject have HIV/AIDS? ☐ No ☐ Yes ☐ Unknown

If Yes, does the subject have a recent (within the last 12 months) CD4 count?

☐ No ☐ Yes ☐ Unknown

If Yes, what is their most recent:
CD4 count? _____

Date of CD4 count: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)

15. Does the subject have an autoimmune disorder? ☐ No ☐ Yes ☐ Unknown

If Yes, specify autoimmune disorder: _____

16. Does the subject have/has the subject had Cancer?

☐ No ☐ Yes ☐ Unknown

If Yes, specify Cancer: _____

Is the subject on Chemotherapy? ☐ No ☐ Yes ☐ Unknown

How many medications is the subject taking? (List up to 5)

Specify medications received and date of last dose:

Medication 1: _____ Date: __ __ / __ __ / __ __ __ __

Medication 2: _____ Date: __ __ / __ __ / __ __ __ __

Medication 3: _____ Date: __ __ / __ __ / __ __ __ __

Medication 4: _____ Date: __ __ / __ __ / __ __ __ __

Medication 5: _____ Date: __ __ / __ __ / __ __ __ __

17. Has the subject had an Organ Transplant? ☐ No ☐ Yes ☐ Unknown

If Yes, specify organ: _____

18. Has the subject suffered any other medical conditions not mentioned above?

☐ No ☐ Yes ☐ Unknown

If Yes, specify: _____