Patient Pre-Arrival Medical Screening

Patient Name						
Date of Birth						
Gender						
Contact Number						
Current Address						
Medical History						
Allergies						
Chronic Medical Conditions						
Current Medications						
Past Surgeries/Hospitalizations						
Symptoms						
Current Symptoms						
Symptom Onset Date						
Duration						
Recent Exposure						
Recent Travel						

Exposure to I	II Patients						
Additional Notes							
Notes							