Fever/Cold Medical Questionnaire

Month: Day: Year:

Name	Gender	Date of Birth	Contact Information(Address&Number)
	☐M ☐F		

Your Symptoms

Fever	☐Yes(	℃ : from Day:	Month:	)	☐No
Cough	☐Yse(:	from Day:	Month:	)	☐No
Phlegm	☐Yse(:	from Day:	Month:	)	☐No
Hard to Breathe	☐Yse(:	from Day:	Month:	)	☐No
Fatigue	☐Yse(:	from Day:	Month:	)	☐No
Throat Pain	☐Yse(:	from Day:	Month:	)	☐No
Dysgeusia/Dysosmia	☐Yse(:	from Day:	Month:	)	☐No
Diarrhea	☐Yse(:	from Day:	Month:	)	☐No
Nausea	☐Yse(:	from Day:	Month:	)	☐No
Headache	☐Yse(:	from Day:	Month:	)	☐No
Muscle Soreness/Joint Pain	☐Yse(:	from Day:	Month:	)	☐No
Exanthem	☐Yse(:	from Day:	Month:	)	☐No
Can not eat	☐Yse(:	from Day:	Month:	)	☐No
Others:	(				)

Risk of contact infection(within 2 weeks)

Overseas	☐No	☐Yse( )	Date: ～
Other Prefctures	☐No	☐Yes( )	Date: ～
Contact ☐No	☐Public Transport ☐People outside	☐Joined Events (Festival, Concerts…) Kagawa prefecture	☐Stayed in the **Closed Room** with several people
Family/Coworker	fever/not well	☐No	☐Yse (who? :)

Closed Rom(Karaoke、Restaurant(including: Bar, Club), Sports Gym, Live Music Club)

Do you have any disease under medical treatment?

☐No ☐Yes( )

Smoking History

Smoker(including Ex-Smoker) ☐Yes (Years) ☐No

Allergic Problems(allergic rhinitis etc)

☐Yes ☐No

Do you have any drugs taking daily?

Regular Drugs ☐Yes( ) ☐No

Pregnant(Only Woman). ☐Yes(Weeks) ☐No

Did you contact Health Care Center ☐Yes ☐No

Important: This clinic is not equipped with sufficient preventive measures for infection, I have to Consult without physical examination, so you **MUST** fill out all this Questionnaires

Tai Medical Clinic ; Dr. Yuji Tai 18th April, 2020