

INTERNAL MEDICINE

Name :

Check all corresponding answers or give details.

◆What are your symptoms ?

cough • sore throat • phlegm • running nose • fever (°C)

headache • joint pain • fatigue • stomachache • diarrhea •

nausea vomiting

others Details:

[]

◆How long have you had these problems ?

[]

◆Have you been overseas within these 2 weeks?

Yes • No

└─> When: _____ country: _____

◆Are you currently under medical treatment or medical follow-up?

Do you have a past history of any illnesses?

(Including hospitalization and operations)

Yes • No

└─> What illnesses?
When?

◆Do you have any food or drug allergies?

Yes • No

└─> Details:
