



State of California—Health and Human Services Agency  
**Department of Health Services**



**SANDRA SHEWRY**  
 Director

**ARNOLD SCHWARZENEGGER**  
 Governor

**SEVERE ACUTE RESPIRATORY SYNDROME (SARS)  
 PATIENT SCREENING FORM  
 March 2006**

Current Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date Symptoms Started: \_\_\_\_\_

1. In the past 10 days, have you returned from travel to The People's Republic of China (Mainland China and Hong Kong Special Administrative Region), Singapore or Hanoi, Vietnam? If yes, identify city(s) country(ies) and date(s) of travel: \_\_\_\_\_

2. In the past 10 days, have you had close contact (lived with, cared for, had direct contact with respiratory secretions and body fluids) with any person who has recently returned from People's Republic of China (Mainland China and Hong Kong Special Administrative Region), Singapore or Hanoi, Vietnam? If yes, provide the person's name(s) and telephone number(s): \_\_\_\_\_

3. Since the onset of fever or cough, have you traveled to other USA cities? If yes, identify city(s) and dates of travel: \_\_\_\_\_

4. If you have traveled within the U.S. while sick with cough or fever, identify method of transportation (air, bus, train, car, etc.): \_\_\_\_\_

5. Since the onset and fever or cough, have you:
- (a) Worked in an office with other employees? Yes  No
  - (b) Attended any social functions? Yes  No
  - (c) Had contact with friends or family members not living in your house? Yes  No

Over the past 10 days, have you had any of the following symptoms? (Check all that apply)

Symptoms	Yes	Symptoms	Yes
Fever		Trouble Breathing	
Shaking Chills		Sweating excessively	
Headache		Pain or tightness in the chest	
Dry cough		Very tired	
Sore Muscles		Pain in the stomach	
Sore Throat		Diarrhea	
Upset stomach (nausea)			

**FAX THIS FORM TO:**  
 County of Riverside Department of Public Health  
 Disease Control Branch