



Flu Symptom Evaluation

Medical University of South Carolina STUDENT HEALTH

Disclaimer:

This assessment tool is intended to help guide self-evaluation of acute respiratory symptoms in persons greater than or equal to 18 years of age. It is not a substitute for a medical evaluation.

Do You Currently Have Any of the Following Symptoms?

1. Fever (I *currently* have a measured temperature greater than or equal to 100.0 degrees Fahrenheit)

- Yes No I feel like I currently have a fever but don't own a thermometer

2. Headache

- Yes No

3. Cough

- Yes No

4. Sore Throat

- Yes No

5. Severe Muscle Aches

- Yes No

6. Did severe symptoms begin abruptly? (Go from feeling well to very ill within several hours)

- Yes No

7. Nasal Congestion and/or Nasal Discharge (Stuffy Nose or Runny Nose)

- Yes No

8. Do you have any of the following conditions? (Check All That Apply)

- 1. Chronic Lung Disease** (Cystic Fibrosis, Chronic Obstructive Pulmonary Disease, or Asthma that has been treated within the past three years)
- 2. Immunosuppressed Conditions** (HIV, sickle cell disease, immunodeficiency, cirrhosis, renal dialysis, transplant recipient, ongoing or recently completed cancer treatment)
- 3. Immunosuppressive Medications** (regular use of methotrexate, azathioprine, cyclophosphamide, steroids such as prednisone)
- 4. Heart Disease other than high blood pressure**
- 5. Pregnancy**
- 6. Diabetes Mellitus**

Submit!

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