EXTERN INFORMATION — PLEASE PRINT LEGIBLY

Extern name: _____ Starting date of externship (dd/mm/yy): ____ / ____ / ____

Date of birth (dd/mm/yy): ____ / ____ / _____

School: _____ Most recent location of residence (city, state, country): _____

Please indicate if extern has any of the following conditions by checking the appropriate box:

Chronic Respiratory Disease ☐ Heart Disease ☐ Diabetes ☐ Pregnant/postpartum ☐ Other: _____

VACCINE INFORMATION (2019- 2020)

Has extern received the **2019-2020** seasonal influenza vaccine? Yes ☐ No ☐

If YES, list date (dd/mm/yy): ____ / ____ / ____ **OR** Estimated date: Month: _____ & 1st half ☐ or 2nd half ☐

Has extern received the **COVID-19 vaccine**? Yes ☐ No ☐

If YES, list manufacture (ex. Pfizer, Moderna, Johnson & Johnson): _____

If YES, list date of first dose (dd/mm/yy): ____ / ____ / ____ list date of second dose (dd/mm/yy): (or date expected) ____ / ____ / ____

SIGNS AND SYMPTOMS

Do you have, or have you had in the last two weeks, symptoms of a respiratory infection? Yes ☐ No ☐ If yes, please fill in the rest of this section.

Date symptoms started (dd/mm/yy): ____ / ____ / ____ Temperature recorded: _____ ° F ☐ ° C ☐

Highest recorded temperature at home (if known): _____ ° F ☐ ° C ☐ Date temperature taken at home (dd/mm/yy): ____ / ____ / ____

Did extern take fever-reducing meds (acetaminophen/ibuprofen/other) within **6 hours** prior to temperature taken at the clinic? ☐ Yes ☐ No

SYMPTOMS

	Yes	No		Yes	No		Yes	No		Yes	No
Cough	☐	☐	Chills	☐	☐	Runny nose	☐	☐	Nausea	☐	☐
Sore throat	☐	☐	Headache	☐	☐	Sinus congestion	☐	☐	Vomiting	☐	☐
Fatigue	☐	☐	Conjunctivitis	☐	☐	Shortness of breath/difficulty breathing	☐	☐	Diarrhea	☐	☐
Body aches	☐	☐	Earache	☐	☐	Chest pain	☐	☐	Rash	☐	☐

OTHER CLINICAL INFORMATION

CONTACT AND TRAVEL HISTORY INFORMATION

Has extern been in close contact with anyone who was recently ill or with respiratory symptoms? Yes ☐ No ☐

Did extern travel in the past 14 days? Yes ☐ No ☐ → If YES, did extern travel within or outside the U.S.? Within ☐ Outside ☐

↳ If YES, where did they travel to/from? _____ Travel return date (dd/mm/yy): ____ / ____ / ____

RISK ASSESSMENT / POSSIBLE CONTACTS / RISK ACTIVITIES/ LIVING CONDITIONS

During the last 14 days, has the extern been in contact with or do they anticipate being in contact with (within 6 feet for more than 15 minutes) with any persons in the following categories during the externship?

☐ Healthcare ☐ Aged-care facility ☐ Educational facility ☐ Employee of a Grocery Store

☐ Assisted Living ☐ Military institution ☐ Correctional facility ☐ Animal Care Facility

☐ No high-risk occupation ☐ Public facing employee (including retail and food service) ☐ Other

Please describe type of contact and interaction:

If Other, specify:

List any U.S. states the extern has visited during the last 14 days:

_____ _____
_____ _____
_____ _____

During the last 14 days has the extern been in any of the following settings or do they anticipate being in contact with (within 6 feet for more than 15 minutes) during the externship?

☐ Doctor's room/Clinic/ ER ☐ School/ University ☐ Specialized Care Facility ☐ Plane/Bus/Train / Cruise

☐ Concert venue / Theatre / Conference ☐ Other public venue / Gathering

If YES or Other, give details and specify:

Before the start date of the externship, what were the extern's living arrangements? (For example, living with family, renting an apartment with roommates, living alone, etc.?) Does the extern share a residence with anyone who participates in any of the above listed jobs or activities?

_____

Have you ever been in contact with any person with clinical signs or who has been diagnosed with COVID-19?

☐ YES ☐ No

If you experience change in any of the above noted questions prior to the start of your externship, please contact kpierce@wildlifecenter.org immediately for reassessment. You will be required to complete this form again at the start of your externship, and eligibility will be re-evaluated at that time.

Questionnaire Submission:

Questionnaires can be completed by hand or by computer and printed.

Questions?
Please email:
kpierce@wildlifecenter.org