COVID-19 and Influenza (Flu) Medical History Form: Adults 65 Years and Older

Please complete this form with information about your COVID-19 and influenza (flu) medical history. This form is for your personal use. It will help you develop an action plan to prevent the flu and/or COVID-19 and prepare for unexpected illness. An action plan is a summary of steps you can take to protect yourself and your loved ones from the viruses that cause the flu and COVID-19.

First Name: ______________________ Last Name: ______________________ Date of Birth: __________

PREVENTION

Flu Vaccination

Date of last flu shot: ______________________

COVID-19 Vaccination

Date of last COVID-19 shot: __________________

How many COVID-19 shots have you received? ______

SYMPTOMS

Flu and COVID-19 Symptoms

If you became ill with the flu and/or COVID-19, did you have any symptoms?

☐ Yes ☐ No (asymptomatic)

Which of the following symptoms did you have?

- ☐ Cough
- ☐ Shortness of breath or difficulty breathing
- ☐ Fatigue (tiredness)
- ☐ Sore throat
- ☐ Runny or stuffy nose
- ☐ Muscle pain or body aches
- ☐ Headache
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Change in or loss of taste or smell
- ☐ Other: ____________________________

TESTING

Flu Testing History

Have you ever tested positive for the flu?

☐ Yes — Date last tested positive: ______________

☐ No

COVID-19 Testing History

Have you ever tested positive for COVID-19?

☐ Yes — Date last tested positive: ______________

☐ No

Did you test positive with a rapid at-home test?

☐ Yes ☐ No

Did you test positive with a PCR laboratory test?

☐ Yes ☐ No

Did you test positive with a rapid at-home test **and** a PCR laboratory test?

☐ Yes ☐ No

Flu and COVID-19 Testing History

Have you ever tested positive for the flu and COVID-19 at the same time?

☐ Yes — Date last tested positive: ______________

☐ No

Did you test positive with an at-home test?

☐ Yes ☐ No

Did you test positive with a laboratory test at a medical facility?

☐ Yes ☐ No

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TREATMENT

Flu Treatment

If you became ill with the flu, did you receive any treatment?

☐ Yes ☐ No

Which of the following antiviral medicines were you prescribed?

☐ Oseltamivir (available as a generic version or under the brand name Tamiflu)
☐ Zanamivir (brand name: Relenza)
☐ Peramivir (brand name: Rapivab)
☐ Baloxavir (brand name: Xofluza)

Date treatment started: ___________________________

COVID-19 Treatment

If you became ill with COVID-19, did you receive any treatment?

☐ Yes ☐ No

Which of the following COVID-19 treatments did you receive?

Antiviral treatment

☐ Nirmatrelvir/ritonavir (brand name: Paxlovid)
☐ Remdesivir (brand name: Veklury)
☐ Molnupiravir (brand name: Lagevrio)

Monoclonal antibody

☐ Bebtelovimab

Date treatment started: ___________________________

Did you receive treatment at a Test to Treat location?

☐ Yes ☐ No

COMPLICATIONS

Flu Complications

If you became ill with the flu, did you have serious complications?

☐ Yes ☐ No

Which of the following complications did you have?

☐ Pneumonia
☐ Inflammation of the heart (myocarditis), brain (encephalitis), or muscle tissue (myositis, rhabdomyolysis)
☐ Multi-organ failure (for example, respiratory and kidney failure)
☐ Other: ___________________________

Were you hospitalized for these complications?

☐ Yes ☐ No

Date of hospitalization: ___________________________

COVID-19 Complications

If you became ill with COVID-19, did you have serious complications?

☐ Yes ☐ No

Which of the following complications did you have?

☐ Pneumonia
☐ Inflammation of the heart (myocarditis), brain (encephalitis), or muscle tissue (myositis, rhabdomyolysis)
☐ Multi-organ failure (for example, respiratory and kidney failure)
☐ Long COVID-19 complications (for example, headache or brain fog)
☐ Other: ___________________________

Were you hospitalized for these complications?

☐ Yes ☐ No

Date of hospitalization: ___________________________

When to Contact Your Doctor

Contact your family doctor if you have any signs or symptoms of the flu or COVID-19. Explain your condition and follow your doctor’s advice for testing and treatment.

If you don’t have a family doctor, now is a great time to establish care with one. They can help you with all your health needs, including prevention and treatment of illnesses like the flu and COVID-19.

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