Have your traveled to the West African Countries of Liberia, Sierra Leone or Guinea in the last 21 days?

List all medications that you are currently Taking. If no medicines, please write "none".

Have you ever taken Bone density Medications/Bisphosphonates, such as Aredia, Zometra, Fosamax, Actonel?

Are you allergic to any of the following? (please answer yes or no)

Anesthetic, Aspirin, Codeine, Ibuprofen, Iodine, Latex, Penicillin, Amoxicillin, Sulfa, Epinephrine, Seasonal Allergies

Other Allergies?

Do You Have or are you being treated for any of the following: (please answer yes or no)


Other Medical Conditions?

List any surgeries or injuries with date of occurrence.