

## Medical History Questionnaire

Only the questions in **red are required**. For all other questions, a response is optional.

Age  
Sex  
State of residence  
Country of origin

**Have you ever been diagnosed with COVID-19?**

If yes, approximate date(s) of diagnosis  
How was diagnosis made?  
Were you hospitalized?  
Intubated?  
In ICU?

**Have you been vaccinated for COVID-19?**

Approximate date of 1<sup>st</sup> dose  
Approximate date of 2<sup>nd</sup> dose if applicable  
Vaccine maker (if known)

Do you have:

History of high blood pressure?  
History of coronary artery disease?  
History of chronic kidney disease?  
History of Chronic Obstructive Pulmonary disease?

Do you have a history of smoking?  
If so, how many packs/per day?  
For how many years?

Have you ever been diagnosed with any of the following infections/conditions?

Chagas disease  
Lyme disease  
Anaplasmosis  
Babesiosis  
Ehrlichiosis  
HTLV  
HIV  
Hepatitis C  
Hepatitis B  
Malaria  
Dengue virus  
Zika virus  
West Nile virus

Have you ever been diagnosed with any of the following autoimmune conditions?

Celiac disease

Systemic Lupus Erythematosus

Sjogren's syndrome

Chronic Fatigue

Graves disease

Hashimoto's thyroiditis

Multiple sclerosis

Myasthenia gravis

Rheumatoid arthritis

Crohn's disease

Ulcerative Colitis

Psoriasis

Type I diabetes

Type II diabetes

Other autoimmune disease (please specify)

Are you currently taking any immunosuppressive drugs?

Are you currently receiving IVIg therapy?

Are you currently taking any therapeutic Monoclonal antibodies for autoimmunity?

If Yes, please check all that apply:

Humira	Tysabri	Xolair	Aktemra	Solara	Remicade	Enbrel
Trudexa	Cimzia	Simponi	Campath			

Have you ever been diagnosed with cancer? Type

Are you currently being treated for cancer? Chemotherapy?

Are you currently taking any therapeutic monoclonal antibodies for cancer?

If Yes, please check all that apply:

Yervoy	Keytruda	Opdivo	Tecentriq	Rituxan	Avastin
Erbitux	Darvalex	Xgeva	Empliciti	Sarclissa	Herceptin
Perjeta	Vectabix	Other (Please specify)			