

Patient Information

Patient Medical Record Number:		Patient ID:	
Date of birth:		Age:	
Date of Last Influenza Vaccine:		Provider:	Dr. Ebony Hall
Reason for visit:	New problem appointment		
Height:	cm	Weight:	kg
Pulse:	b/m	Blood Pressure:	
Symptoms:			
Tests to be run:	Influenza Indirect ELISA PCR		

Patient Information

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Date of birth:		Age:	
Date of Last Influenza Vaccine:		Provider:	Dr. Ebony Hall
Reason for visit:	New problem appointment		
Height:	cm	Weight:	kg
Pulse:	b/m	Blood Pressure:	
Symptoms:			
Tests to be run:	Influenza Indirect ELISA PCR		

Patient Information

Patient Medical Record Number: 7-887-3423		Patient Name:	C13
Date of birth:	07/08/03	Age:	15
Date of Visit:	07/09/18	Provider:	Dr. Ebony Hall
Reason for visit:	New problem appointment		
Height:	160cm	Weight:	40.8kg
Pulse:	75 b/m	Blood Pressure:	100/60
Symptoms:	Congestion Joint aches Chills Muscle pains Fever at home, no fever measured in office		
Tests to be run:	Influenza Indirect ELISA PCR		

Patient Information

Patient Medical Record Number: 7-932-1840		Patient ID:	C14
Date of birth:	01/23/50	Age:	60
Date of Visit:	06/29/18	Provider:	Dr. Ebony Hall
Reason for visit:	New problem appointment		
Height:	200.6cm	Weight:	149.2kg
Pulse:	101 b/m	Blood Pressure:	140/90
Symptoms:	Fever: 99 measured in office Muscle pains Chills		
Tests to be run:	Influenza Indirect ELISA PCR		

Who has the flu?

Name:

Date:

Use the patient information provided to determine who you think has the flu before you run your tests.
Use evidence from the information to support your claim.

Patient 1:	ID:	Do you think they have the flu?
		What evidence supports this?
Patient 2:	ID:	Do you think they have the flu?
		What evidence supports this?
Patient 3:	ID:	Do you think they have the flu?
		What evidence supports this?
Patient 4:	ID:	Do you think they have the flu?
		What evidence supports this?

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