

USF Student Health Services
Triage Assessment

Date: _____ Time: _____

Name: _____

Student I.D. # _____

Have you visited SHS within the past 2 years?

Yes No

If Yes, was it only for immunization compliance?

Yes No

In **10** words or less, explain the reason for your visit today.
Please be specific in describing your problem/symptoms.

When did the problem start? _____

Have you been evaluated for this issue at SHS within the
past 2 weeks? Yes No