Date	Event	Implication	Link or File name
December 10th, 2019	Charles Richardson completes 7 back-to-back marathon races across Florida as documented by CBS television news and other news outlets.	Charles is an extremely healthy 19-year old student. Charles has never had a history of respiratory distress or ever had a diagnosis of 'seasonal allergies'.	Catching Charlie: a local runner's journey to Florida's sustainable future
January 6th, 2020	Charles Richardson reports to Beaty Towers and begins experiencing respiratory symptoms which lead to difficulty sleeping and sleep deprivation.	Contracting an illness during the first semester of school at the University began to reflect in Charles' grades, which only got worse as Charles remained at on-campus housing.	Attached Below - Asbestos Document, Roommate Doctors Notes 1-2
February 23, 2020	Charles Richardson reports to the campus infirmary with a 4-week history of persistent chest congestion, cough, fever, sore throat, and difficulty sleeping. Physician prescribes Albuterol Nasal Spray (108 (90 Base) MCG/ACT Aers) and directs Charles to take 1-2 puffs every 4-6 hours. Side effects can include confusion, altered mental status, and hallucinations. Physician diagnosis of 'seasonal allergies'.	Charles begins taking Albuterol, 5 times a day, for just over a week. There was also a concern, at this time, that Charles might have been positive for COVID-19. Subsequent test results have shown that Charles is negative for COVID antibodies.	Attached below - Prescription Document, Charles' Doctors Notes 1-5
February 24th, 2020	Beginning of midterms week	Charles' stress-level increases and his decision-making abilities are pushed to the limit.	

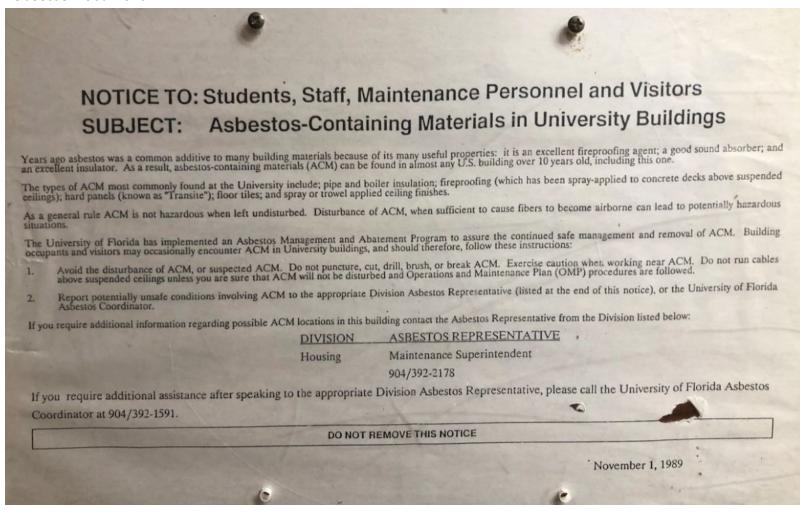
February 24th, 2020	Charles signs the 2021 UF Housing contract.	There is significant evidence that Charles' frame of mind and decision-making ability was significantly impaired due to the following: • physician-prescribed medication • stress due to concern for his welfare from COVID-19 • sick roommates • Mid-terms • 6-week history of insufficient sleep due to roommates' illnesses and asbestos in Beaty Towers.	Attached Below - Charles' Doctors Notes 1-5 Roomates Doctors Notes 1-2
March 12th, 2020	Charles leaves Beaty Towers due the emerging COVID-19 global pandemic.	At this point, it was impossible to know how subsequent semesters and accomodations were going to be handled as guidance from administration and State Board of Regents was absent. The synchronous, multi-department transfer over to email communication was unexpected and posed a hardship.	
March 15th, 2020	Within one week of leaving Beaty Towers, Charles' seasonal allergies clear up. Charles stops taking Albuterol.	Charles' 'seasonal allergies' were due to sub-standard on-campus housing. There is also a strong potential it was due to proximity to other roommates.	
March 27th, 2020	Charles Richardson receives a partial refund of his 2020 UF Housing contract payment.	The 2021 UF Housing contract was canceled and, in light of COVID-19, there was a tacit understanding that the 2021 contract was also cancelled.	Attached Below - Refund Document

May 1, 2020	Charles Richardson received the final deadline email notice.	Again, in light of the emerging COVID-19 global pandemic, Charles understood that there was a significant chance that universities WOULD NOT be allowed to re-open for Fall 2020 and all of 2021. As yet, the Florida Board of Regents had not issued ANY guidance for Fall 2020 or 2021.	Attached Below - Cancellation Document
May 19th, 2020	Florida Board of Regents finally issues guidance on the status of UF and the need for student housing for the Fall 2020 and 2021 school year.	Charles were relieved to receive the news and began discussing the return to campus at off-campus housing due to unfavorable experiences on-campus during the first semester.	https://coronavirus.u fl.edu/updates/
August 21st, 2020	Charles checks into off-campus apartment for the Fall through the Summer of 2021.	Charles has reported no sicknesses or 'seasonal allergies' despite spending a significant part of his time studying outside on-campus without a mask, while abiding by the social distancing guidelines.	

CBS12 Press Coverage weeks before going to college



Asbestos Document



Roomates' Doctors Notes 1 - 2

Name: Brett Carson Gross | DOB: 11/16/2000 |

| PCP: Abigail L Gabriel, APRN

Progress Notes

Abigail L Gabriel, APRN at 02/18/20 1445

Chief Complaint:

Chief Complaint

Patient presents with

Sinusitis

ESTAB UFID: 8289-1418 Pt presents to clinic w/ SINUS INFECTION CONCERN x2.5weeks. SXS: Congestion, ear pressure, headaches, eye pressure. Self tx: Sudafed, dayquil, nyquil. (none today) B.Wielgos CCMA

History of Present Illness:

Mr. Gross is a 19 y.o. male here today for:

Onset of symptoms2.5 weeks. He reports taking pseudoephedrine for the past 7 days. He reports cloudy green mucous, increased sinus pressure, ears popping. Denies

Cough has improved since last time.

Review of Systems:

Review of Systems

Constitutional: Negative for fever.

HENT: Positive for congestion, rhinorrhea, sinus pressure and sinus pain. Negative for

sore throat.

Eves: Negative for redness.

Respiratory: Negative for cough.

Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting.

Skin: Negative for rash.

Allergic/Immunologic: Positive for food allergies.

Neurological: Negative for headaches.

Physical Exam:

Vitals:

02/18/20 1413

115/65 Site: Right Position: Sitting Cuff Size: Med adult Pulse: 62 Resp:

36.9 °C (98.4 °F) Temp:

TempSrc: Oral SpO2: 97%

There is no height or weight on file to calculate BMI.

No exam data present

Physical Exam

Vitals signs and nursing note reviewed.

Constitutional:

Appearance: Normal appearance.

HENT:

Right Ear: Tympanic membrane, ear canal and external ear normal.

Left Ear: Tympanic membrane, ear canal and external ear normal.

Nose: Rhinorrhea present. Rhinorrhea is purulent.

Right Turbinates: Swollen.

Left Turbinates: Swollen.

Right Sinus: Maxillary sinus tenderness and frontal sinus tenderness present. Left Sinus: Maxillary sinus tenderness and frontal sinus tenderness present.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear. No posterior oropharyngeal erythema.

Tonsils: 1+ on the right. 1+ on the left.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Neck:

Musculoskeletal: Normal range of motion and neck supple.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing, rhonchi or rales.

<u>Skin</u>:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Assessment / Plan:

Brett C. Gross was seen today for sinusitis.

Diagnoses and all orders for this visit:

Acute sinusitis with symptoms > 10 days

Other orders

- doxycycline (MONODOX) 100 MG Oral Capsule; Take 1 capsule by mouth every 12 hours for 10 days.

Recommended sinus rinses as directed.

Doxycycline as written above.

Refund Document



Cancellation Document



Charles' Doctors Notes 1-5

9/13/2020

MvUFHealth - Visit Summary

Name: Charles Richardson | DOB: 5/1/2001 | MRN: 02972346 | PCP: Ronald Lee Berry, MD

Progress Notes

Candace Kuphal, APRN at 02/23/20 1235

Chief Complaint:

Chief Complaint

Patient presents with

COLD SYMTOMS

ESTAB Pt presents to clicic for cold symptoms x 1 months. Pt states he has a roomate who is not good with containing his cough. SxS: cough, congestion, runny nose, worsened R ear ringing(x3 months). Self Tx: mucinex. N. Morales CCA

- Flu Vaccine Declines
- HPV VACCINE

Will consider for future appointments.

History of Present Illness:

Mr. Richardson is a 18 y.o. male here today for:

Two identifiers verified at the beginning of visit including name and date of birth to ensure correct patient.

Patient reports he has a 65 bike mile race on March 8th. He has not been training since the end of January due to presenting symptoms.

This is a new problem. Episode onset: 1 month. The problem has been waxing and waning. There has been no fever. Associated symptoms include congestion, coughing, sneezing and a sore throat (mostly in morning). Pertinent negatives include no diarrhea, ear pain, headaches, nausea, rash, rhinorrhea, sinus pain or vomiting. Treatments tried: Mucinex (dose every 1-2 days) The treatment provided mild relief.

Review of Systems:

Review of Systems

Constitutional: Positive for activity change (decreased), appetite change (decreased) and fatigue. Negative for chills, diaphoresis and fever.

HENT: Positive for congestion, sneezing, sore throat (mostly in morning) and tinnitus (right side). Negative for ear discharge, ear pain, postnasal drip, rhinorrhea, sinus pressure and sinus pain,

Eyes: Negative for discharge, redness and itching.

https://mychart.shands.org/MyChartPRD/inside.asp?mode=visitsummary&submode=notes&csn=iBL5Akv1slj4NFbtUsNeOA%3D%3D&printmode=true

9/13/2020 MyUFHealth - Visit Summary

Respiratory: Positive for cough. Negative for chest tightness and shortness of breath.

Gastrointestinal: Negative for diarrhea, nausea and vomiting.

Musculoskeletal: Negative for arthralgias and myalgias.

Skin: Negative for rash and wound. Allergic/Immunologic: Negative.

Neurological: Negative for dizziness, light-headedness and headaches.

Hematological: Negative.

Physical Exam:

Vitals:

02/23/20 1247

BP: 118/70
Site: Right
Position: Sitting
Cuff Size: Med adult
Pulse: 63

Resp: 14

Temp: 36.7 °C (98 °F)

TempSrc: Oral SpO2: 98%

There is no height or weight on file to calculate BMI.

No exam data present

Physical Exam

Vitals signs reviewed.

Constitutional:

General: He is not in acute distress.

Appearance: Normal appearance. He is well-developed.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: Tympanic membrane and ear canal normal. Left Ear: Tympanic membrane and ear canal normal.

Nose: Mucosal edema and congestion present. No rhinorrhea.

Right Turbinates: Not enlarged or pale. Left Turbinates: Not enlarged or pale.

Right Sinus: No maxillary sinus tenderness or frontal sinus tenderness. Left Sinus: No maxillary sinus tenderness or frontal sinus tenderness.

Mouth/Throat: Lips: Pink.

Mouth: Mucous membranes are moist.

Pharynx: Uvula midline. Posterior oropharyngeal erythema (very mild) present. No pharyngeal swelling,

oropharyngeal exudate or uvula swelling.

https://mychart.shands.org/MyChartPRD/inside.asp?mode=visitsummary&submode=notes&csn=iBL5Akv1slj4NFbtUsNeOA%3D%3D&printmode=true

9/13/2020 MyUFHealth - Visit Summary Tonsils: No tonsillar exudate () or tonsillar abscesses, 1+ on the right, 1+ on the left, General: Lids are normal. Conjunctiva/sclera: Conjunctivae normal. Musculoskeletal: Full passive range of motion without pain, normal range of motion and neck supple. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. No murmur. No friction rub. No gallop. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. No decreased breath sounds, wheezing, rhonchi or rales. Lymphadenopathy: Right side of head: No tonsillar adenopathy. Left side of head: No tonsillar adenopathy. Cervical: No cervical adenopathy. General: Skin is warm and dry. Findings: No rash. Neurological: Mental Status: He is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Behavior is cooperative. Assessment / Plan: Charles Richardson was seen today for cold symtoms, flu vaccine and hpv vaccine. Diagnoses and all orders for this visit: Seasonal allergic rhinitis, unspecified trigger albuterol 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; Use 1-2 puffs every 4-6 hours as needed for cough, wheezing, or shortness of breath or prior to exercise Salt water gargles (mix 1/2 tsp - 3/4 tsp of salt into 1 cup of warm water and gargle in back of throat for 10 - 15 seconds to loosen as much mucous as possible then spit out into sink), tea with honey, throat lozenges, and over the counter analgesics (I.e. Tylenol or Ibuprofen) as directed on packaging can be used to help alleviate symptoms of sore throat. Recommended to use over the counter Sinus Rinse or Neti Pot 1-2 times per day (in the morning and again before bed if needed) along with over the counter oral antihistamine (I.e. Claritin or Zyrtec) at night. You may also add over the counter nasal steroid spray (I.e. Flonase) after Sinus Rinse/Neti Pot in the morning. If cough is present, recommend adding Mucinex (expectorant) or Mucinex-DM (expectorant + cough suppressant). Continue this regimen for at least seven days. Do not use Mucinex product(s) for greater than seven days. https://mychart.shands.org/MyChartPRD/inside.asp?mode=visitsummary & submode=notes & csn=iBL5Akv1slj4NFbtUsNeOA%3D%3D&printmode=true and the submode and the3/5

9/13/2020

MyUFHealth - Visit Summary

May continue the Sinus Rinse, oral antihistamine, and nasal steroid spray separately or in combination as detailed above as long as needed for symptom management.

Follow Up:

Return to clinic or seek immediate medical care if your symptoms worsen at any time, do not resolve despite discussed treatment within 7 days, or if you develop worsening pain, fever, body aches, shortness of breath, lightheadedness, or dizziness.

Above diagnosis and the treatment plan discussed with patient. All questions answered. Patient verbalized understanding.

Patient Instructions

Candace Kuphal, APRN at 02/23/20 1235

Assessment / Plan:

Charles Richardson was seen today for cold symtoms, flu vaccine and hpv vaccine.

Diagnoses and all orders for this visit:

Seasonal allergic rhinitis, unspecified trigger

- albuterol 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; Use 1-2 puffs every 4-6 hours as needed for cough, wheezing, or shortness of breath or prior to exercise

Salt water gargles (mix 1/2 tsp - 3/4 tsp of salt into 1 cup of warm water and gargle in back of throat for 10 - 15 seconds to loosen as much mucous as possible then spit out into sink), tea with honey, throat lozenges, and over the counter analgesics (I.e. Tylenol or Ibuprofen) as directed on packaging can be used to help alleviate symptoms of sore throat.

Recommended to use over the counter Sinus Rinse or Neti Pot 1-2 times per day (in the morning and again before bed if needed) along with over the counter oral antihistamine (I.e. Claritin or Zyrtec) at night. You may also add over the counter nasal steroid spray (I.e. Flonase) after Sinus Rinse/Neti Pot in the morning. If cough is present, recommend adding Mucinex (expectorant) or Mucinex-DM (expectorant + cough suppressant). Continue this regimen for at least seven days. Do not use Mucinex product(s) for greater than seven days. May continue the Sinus Rinse, oral antihistamine, and nasal steroid spray separately or in combination as detailed above as long as needed for symptom management.

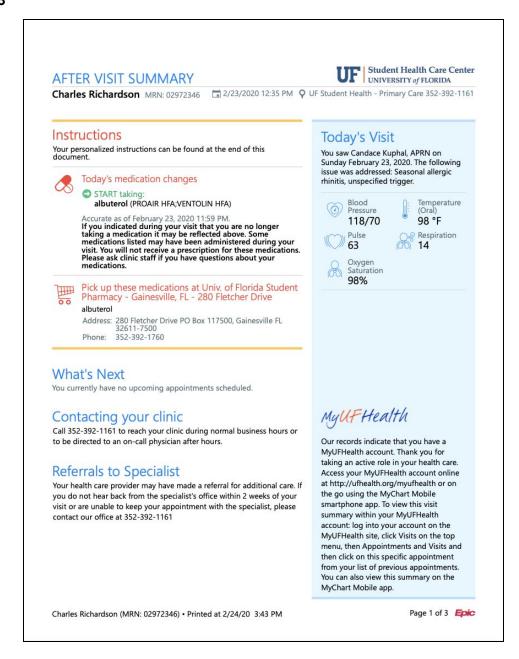
Follow Up:

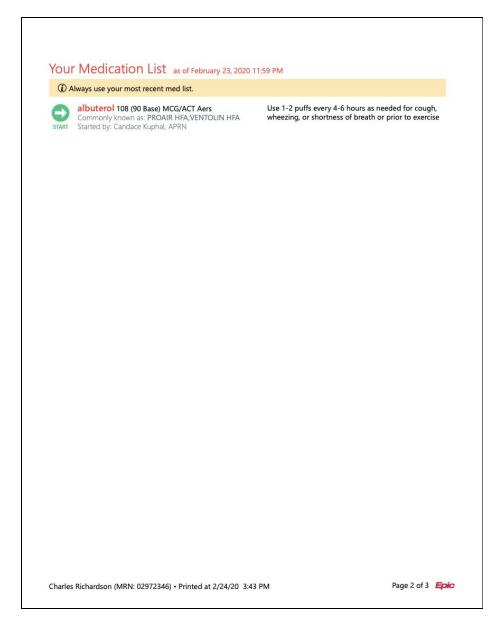
Return to clinic or seek immediate medical care if your symptoms worsen at any time, do not resolve despite discussed treatment within 7 days, or if you develop worsening pain, fever, body aches, shortness of breath, lightheadedness, or dizziness.

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Prescription Document 1-3





Instructions

Assessment / Plan:

Charles Richardson was seen today for cold symtoms, flu vaccine and hpv vaccine.

Diagnoses and all orders for this visit:

Seasonal allergic rhinitis, unspecified trigger

- albuterol 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; Use 1-2 puffs every 4-6 hours as needed for cough, wheezing, or shortness of breath or prior to exercise

Salt water gargles (mix 1/2 tsp - 3/4 tsp of salt into 1 cup of warm water and gargle in back of throat for 10 - 15 seconds to loosen as much mucous as possible then spit out into sink), tea with honey, throat lozenges, and over the counter analgesics (I.e. Tylenol or Ibuprofen) as directed on packaging can be used to help alleviate symptoms of sore throat.

Recommended to use over the counter Sinus Rinse or Neti Pot 1-2 times per day (in the morning and again before bed if needed) along with over the counter oral antihistamine (I.e. Claritin or Zyrtec) at night. You may also add over the counter nasal steroid spray (I.e. Flonase) after Sinus Rinse/Neti Pot in the morning. If cough is present, recommend adding Mucinex (expectorant) or Mucinex-DM (expectorant + cough suppressant). Continue this regimen for at least seven days. Do not use Mucinex product(s) for greater than seven days. May continue the Sinus Rinse, oral antihistamine, and nasal steroid spray separately or in combination as detailed above as long as needed for symptom management.

Follow Up:

Return to clinic or seek immediate medical care if your symptoms worsen at any time, do not resolve despite discussed treatment within 7 days, or if you develop worsening pain, fever, body aches, shortness of breath, lightheadedness, or

Charles Richardson (MRN: 02972346) • Printed at 2/24/20 3:43 PM

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