

SARS COV2 Infectious entrance screening for patients/accompanying persons/ visitors

Instructions: please enter information in BLOCK LETTERS and mark applicable with an "X"

General personal information

| | | | | |
|---|-----------------------------|---|---|---|
| <i>Patient label (if available)</i> | First & last names | | | |
| | Date of birth | | | |
| | Address | | | |
| | Phone number | | | |
| | Whom are you visiting? | | | |
| Outpatient <input type="radio"/> | Visit <input type="radio"/> | Accompanying person <input type="radio"/> | Planned inpatient <input type="radio"/> | Unplanned inpatient <input type="radio"/> |

Do you currently have, or have you had any of the following in the past 14 days ...?

| | | |
|--|---------------------------|--------------------------|
| Fever (higher than 38 degrees) | YES <input type="radio"/> | NO <input type="radio"/> |
| Acute vomiting | YES <input type="radio"/> | NO <input type="radio"/> |
| Acute diarrhea | YES <input type="radio"/> | NO <input type="radio"/> |
| Sore throat | YES <input type="radio"/> | NO <input type="radio"/> |
| Cough (newly occurring or worsening of chronic cough) | YES <input type="radio"/> | NO <input type="radio"/> |
| Shortness of breath (new or worsening of preexisting shortness of breath) | YES <input type="radio"/> | NO <input type="radio"/> |
| Loss of taste and/or smell | YES <input type="radio"/> | NO <input type="radio"/> |
| Severe fatigue or muscle pain | YES <input type="radio"/> | NO <input type="radio"/> |
| Contact with a confirmed or suspected case of a corona virus infection (SARS-COV2) or you are aware of cases in your vicinity (household, in town, nursing home) | YES <input type="radio"/> | NO <input type="radio"/> |
| Were you or persons in your household in officially ordered/voluntary quarantine, or has a corona test been done? | YES <input type="radio"/> | NO <input type="radio"/> |

If you answered yes to any of the questions, then it is a matter that must be medically clarified (possible infection) → RED category: please proceed to the emergency room, also in the event of a life-threatening condition, including accident, gynecology, etc., (in each case after phone advice); or for unclear cases, consult with the emergency room or target department.



Date, signature: _____