



Checkliste: Sprechstunde/ Aufnahme standardisierte Fragen für Patientinnen und Patienten bzgl. Anzeichen 2019-nCoV-Infektion/englisch	
	Stand: 08.06.2020

Dear patient, dear visitor,
for your and our safety, we would like to ask you to answer the following questions:

Name, first name: _____

Address: _____

Phone number: _____

For visitors:

Name of the person to be visited: _____

Station und Room No. _____ Time: _____

Questions:	Yes	No
Do you have a sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from coughing ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any breathing difficulties ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a fever ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have limb pain?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a headache?	<input type="checkbox"/>	<input type="checkbox"/>
Have you travelled in the past 14 days ?	<input type="checkbox"/>	<input type="checkbox"/>
If so, where to? (location and country)		
Have you been in contact with a person that suffers/ed from the symptoms mentioned above in the past 14 days ?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in contact with a person who has been tested positive on a coronavirus infection in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby confirm that I have read and accepted the notices on visitor regulations. I confirm that I have answered all questions truthfully. Thank you for your information.

Date

Signature Patient/ Visitor

Verfasser: ZKHH Freigeber: Herr Dr. Gloßmann, H. Dr. Meißner	Ausgedruckt unterliegt das Dokument nicht dem Änderungsdienst!	Seite 1 von 1
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