

## Questionnaire for patients, accompanying persons and visitors Coronavirus COVID-19

Dear Patients,

Due to the Corona Virus (COVID- 19) disease, the Heidelberg University Hospital is conducting a **general questionnaire** for all patients, accompanying person and visitors, who are possible contacts and/or have experienced symptoms. This allows for you, the other patients, and for us to be safe and to prevent the spread of the virus. Please remember that relatives accompanying you, who are staying in the family room, in the delivery room or in the ward for a long period of time must complete the questionnaire. Thank you for your help and support!

**Personal Data (regarding your own person)**

Name, First Name: ..... Ggf. Patientenetikett  
einkleben

Tel.: ..... Address: .....

I am  
 Patient

Date of birth: ..... Day of Admission/Day of Surgery: .....

I am  
 Accompanying person / visitor  
of

Visited person: ..... Arrival time: .....  
Station: ..... current visit date: .....

<b>COVID- 19 (Corona Virus Disease) Questionnaire</b> Please answer the following questions completely.	
1) Do you experience acute symptoms (e.g. dry cough, fever, problems with your sense of smell and/or taste)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2) In the last 14 days, have you been in contact with a person, who has been diagnosed with COVID-19 within the last 4 weeks and/or have you fallen ill with COVID-19 within the last 4 weeks and/or has a quarantine been declared?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3) In the last 14 days, have you stayed in a high risk area as defined in <u>the RKI high risk areas</u> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
After answering the questions, please follow the procedure as seen on the next page and in accordance with RKI. <u>(Formblatt: COVID- 19: Verdachtsabklärung und Maßnahmen / Orientierungshilfe für Ärztinnen und Ärzte)</u>	

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Signature of patient Signature of employee/doctor

To remain in the patient file for patients. For visitors, the questionnaire will be archived for 4 weeks on the stations

	Formular erstellt	Formular geändert	Formular geprüft	Formular Freigabe
Name:	PG, VE, IS, JB, ST, JJ	JJ	--	IS
Datum:	12.08.2020	24.09.2020	--	
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