

## 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: .....

COVID- 19 (Corona Virus Disease) Questionnaire		
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 <u>and/or</u> has a quarantine been declared because of contact to an infected person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) Are you currently quarantined because of an acute infection with COVID-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Have you fallen ill with COVID-19 within the last 4 weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5) Are you currently quarantined because you spent time in a risk area, high-incidence area or area of variants of concern as defined by <u>the RKI</u> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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	AW	--	IS
Datum:	12.08.2020	18.05.2021	--	
Version: 1.11				Seite 1 von 2

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