

QUESTIONNAIRE BEFORE ENTERING THE TAUERNKLINIK

<input type="checkbox"/> TKZ <input type="checkbox"/> TKM	BEREICH	<input type="checkbox"/> Haupteingang <input type="checkbox"/> AEE <input type="checkbox"/>	Datum:..... Uhrzeit:..... Befragende(r):
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THE QUESTIONNAIRE MUST BE FILLED IN FOR EACH PERSON (children included)

Please fill in the form

First name

Last name

Date of birth

Phone

I AM: please tick

PATIENT

VISITORS OF:

.....

OTHER PERSONS:

.....

(please state the exact reason for visiting the clinic)

please tick

- ▶ Do you have cough or other flu-like symptoms? yes no
- ▶ Do you have diarrhea and/or vomiting? yes no
- ▶ Do you have any problems with smell or taste? yes no
- ▶ Have you recently had contact with a coronavirus positive person
or have you been tested positive for SARS-COV-2 (Corona)? yes no

I HAVE CONSCIENTIOUSLY ANSWERED THE ABOVE QUESTIONS AND READ THE TEXT.



Date, signature

You are requested to wear a mask
and to comply with hygiene measures
(hand disinfection, distance rule).

INTERNE INFORMATION:

Wenn eine der o.g. Fragen mit „yes“ beantwortet wird, kommt der **Patient** in die Infektionsambulanz.
Andernfalls wird er primär in der Ambulanz der jeweils zuständigen Abteilung vorgestellt!
Besucher werden nur eingelassen, wenn o.g. Fragen mit „no“ beantwortet wurden.