

Short screening for hospital visitors during the COVID-19 pandemic

The collection of this information is mandatory under the CoronaSchutzverordnung (CoronaSchVO) in the version in force since 11 May 2020.

General information about yourself

First and last name:	
Address:	
Phone number:	
Patient to be contacted:	
Department:	
Date, time and duration of the visit (maximum 2 hours):	

Information on cold symptoms

Please answer the questions truthfully. If you mark a point with "YES", you are not allowed to visit a patient in the University Hospital.

Have you experienced any of the following symptoms within the last 14 days?

	YES	NO
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat and/or difficulty swallowing	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
General exhaustion and/or loss of performance, unless this can be explained by a pre-existing illness	<input type="checkbox"/>	<input type="checkbox"/>
Severe rhinitis, unless it can be explained by an existing pre-existing illness (e.g. allergies)	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Have you had contact with a SARS-CoV-2 positive person within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby acknowledge that for the purpose of tracing chains of infection, the bow is kept for four weeks. Afterwards it will be destroyed.

Date, Signature of visitor