


QM-Version: 10	Formular Form 628a Fragebogen Coronavirus SARS-CoV2 - Englisch	 JOHANNITER Johanniter-Kliniken Bonn
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Gültigkeitsbereich:
BN Hospiz, BN Hygiene, BN Kurzzeitpflege, JK Covid-19-Management, Johanniter Krankenhaus, Waldkrankenhaus, WK Covid-19-Management

Personal Data	
Surname, First Name	Date of birth
Street / No.,	Post Code City
Telefon	

Patient <input type="checkbox"/>	Visitor <input type="checkbox"/>
Med. department:	Visitor of patient:
	Ward / Room-No.:
	Date / Time:

symptom questionnaire		
Fever, head or body aches and / or short breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
cough / runny nose or sneezing / sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
taste or odor disorder, conjunctivitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
diarrhea / nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Contact		
contact to confirmed COVID-19 cases in the last 14 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No
stay abroad (risk area according to RKI) in the last 14 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No
positive proof of coronavirus within the last 14 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Privacy declaration		
I give my consent that my personal data may be stored for one working day for the purpose of tracking chains of infection and then destroyed.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
I received hygiene instructions resp. hygiene flyer	<input type="checkbox"/> No	<input type="checkbox"/> Yes

date:.....

signature:.....

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