Klinik für Kinder- und Jugendmedizin

Short screening
during the covid-19 pandemic

Marienhospital Bottrop gGmbH

Akademisches Lehrkrankenhaus
der Universität Duisburg-Essen

General information about yourself (Information as in the official identification document)

First name and surname: _____

Address: _____

Phone number: _____

Patient to be visited: _____

Patient room number: _____

Date _____ Time of receipt _____ Time of exit _____

Information about any cold symptoms

Have you had any of the following symptoms in the past 14 days

▶ fever	☐ YES	☐ NO
▶ sore throat and / or difficulty swallowing	☐ YES	☐ NO
▶ cough	☐ YES	☐ NO
▶ shortness of breath	☐ YES	☐ NO
▶ loss of taste or smell	☐ YES	☐ NO
▶ general fatigue and / or loss of performance, unless it can be explained by existing medical conditions	☐ YES	☐ NO
▶ (for example allergy) explainable	☐ YES	☐ NO
▶ have you had contact with a SARS-CoV-2 positive person within the last 14 days?	☐ YES	☐ NO

Is filled in by the Marienhospital:

Instruction in the hygiene measures has been given	☐ YES	☐ NO
Admission of the visitor was granted	☐ YES	☐ NO

Date, Signature of the visitor

Date, Signature of the institution

Please fill out the form when entering the clinic in the ambulance and discuss any symptoms with the staff.
Many thanks.

09/2020