

## Short screening during the covid-19 pandemic



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 \_\_\_\_\_ **max. 1,5 h\*** Time of exit \_\_\_\_\_

### Information about any cold symptoms

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

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

### Is filled in by the Marienhospital:

Instruction in the hygiene measures has been given  JA  NEIN

Admission of the visitor was granted  JA  NEIN

\_\_\_\_\_  
Date, Signature of the visitor

\_\_\_\_\_  
Date, Signature of the institution

**\* Out of consideration for other visitors, we ask you to adhere to the maximum visit time - otherwise no admission will be granted.**