SGO Stiftung – Gesundheitsversorgung – Oberengadin

Covid-19 questionnaire for a smear

We are all trying to stem the spread of the Corona virus. To achieve this goal, we ask you to fill out the questionnaire truthfully. With your signature you agree that you will receive a negative result via SMS or e-mail. You acknowledge that a Corona smear will be charged to you depending on the reason for the smear. We thank you for your valuable support.

Name:.....**First Name:** .....**Date of birth:** .....

Mobile phone number: ..... **Mail:** .....

Questions about disease symptoms:

Have you had any of the following symptoms within the last 48 hours (2 days)?	Yes	No	If Yes - Date	Comments:
* Cough (usually dry)	❑	❑		
* respiratory symptoms / shortness of breath	❑	❑		
* fever, feverish feeling, muscle aches	❑	❑		
* Headaches	❑	❑		
* Sudden loss of the sense of smell and/or taste	❑	❑		
* Sore throat	❑	❑		
* Diarrhoea	❑	❑		
* Thoracic pain	❑	❑		

Questions regarding Covid-19:	Yes	No	If Yes - Date	Result Positive (Evidence of Covid-19)	Result Negativ (No evidence of Covid-19)
➢ Are or were you in quarantine or (self) isolation?	❑	❑			
➢ Have you ever been tested with a COVID-19 cervical smear?	❑	❑		❑	❑
➢ Have you had contact with a confirmed or suspected COVID-19 person?	❑	❑		Comments:	
➢ If yes - Close contact? Consider as close contact: Contact of <1.5m and for >15 minutes, intimate contact, living in the same household, nursing or direct contact with respiratory secretions or body fluids without personal protection measures	❑	❑			

Place / Date: ..... Signature: .....
Patient or relatives

Auszufüllen durch Personal:

Temperatur:..... Sauerstoffsättigung:..... Puls:.....

	Ja	Nein	Welche:
• Vorerkrankungen	❑	❑	
• Medikamente	❑	❑	
• Allergien	❑	❑	
• Noxen •	❑	❑	

Ort / Datum: ..... Unterschrift Personal: .....
Dieses Formular wird eingescannt und bei der Patientenakte abgelegt