

Personal data	Date:	
Surname:		
First name:		
Date of birth:		
Phone number:		
Destination in the hospital: Ward/name of the patient		
Please tick the relevant boxes		
Are you a patient?	no <input type="checkbox"/>	yes <input type="checkbox"/>
Have you been on vacation in the last 14 days?	no <input type="checkbox"/>	yes <input type="checkbox"/> where? _____
Have you had fever or cold symptoms in the past 14 days?	no <input type="checkbox"/>	yes <input type="checkbox"/> (current temperature: _____)
Have you experienced a loss of taste and smell in the past 14 days?	no <input type="checkbox"/>	yes <input type="checkbox"/>
Have you been in close contact with somebody who...		
... is a confirmed case?	no <input type="checkbox"/>	yes <input type="checkbox"/>
...is in quarantine at the moment or has been in quarantine within the past 14 days?	no <input type="checkbox"/>	yes <input type="checkbox"/>
...has had contact with a confirmed case and/or a suspected case within the past 14 days?	no <input type="checkbox"/>	yes <input type="checkbox"/>
Have you been in quarantine yourself?	no <input type="checkbox"/>	yes <input type="checkbox"/>
Covid- test (not older than 24 hours)?*	no <input type="checkbox"/>	yes <input type="checkbox"/>
Employer's certificate of regular test obligation (Copy necessary)*	no <input type="checkbox"/>	yes <input type="checkbox"/>
Recovered and/or fully vaccinated?	no <input type="checkbox"/>	yes <input type="checkbox"/>
Remarks:		

*Antigen or PCR test with official proof and identification document or comparable document

I hereby confirm that I have filled in the information truthfully.

I assure that I adhere to the hygiene regulations: Wearing a FFP2 mask, hand disinfection, no physical contact, cough and sneeze label.

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Signature patient/visitor/service provider etc.

Signature employee

Erstellung	A. Leja	Erstellungsdatum	28.04.2022	Geprüft durch: C. Wallner
Freigabe	Pandemierat	Freigabedatum	28.04.2022	

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