

# COVID-19 Risikobewertung bei Eintritt ins Klinikum (ENGLISCH)

Primärer Gültigkeitsbereich: **Gesamtes UKT****Formular**

ID: 20623

Stand: 001/08.2020

All persons who do not work at UKT, U.D.O. or in emergency medical services must complete this questionnaire. Patients must carry this form with them while staying at UKT and show it to the medical/care staff at the destination within UKT.

## **Questionnaire for all persons who do not work at UKT, U.D.O. or in emergency medical services**

|   |                   |                          |                          |
|---|-------------------|--------------------------|--------------------------|
| <b>Name</b>   | <b>First name</b> | <b>Date of birth</b>     |                          |
| <b>Destination (department/ clinic) within UKT:</b>   |                   |                          |                          |
|   |                   | <b>No</b>                | <b>Yes</b>               |
| Have you been diagnosed with the coronavirus in the last 4 weeks?   |                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had contact with a person diagnosed with the coronavirus in the last 2 weeks or are you in home quarantine yourself?             |                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you live in a geriatric care or assisted living facility?  |                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you experienced at least one of the following symptoms in the last 10 days?<br>Fever, cough, pain in the limbs, loss of smell/taste? |                   | <input type="checkbox"/> | <input type="checkbox"/> |

- 4x "No": no further measures required
- At least 1x "Yes": Isolation from other persons waiting/patients, coronavirus swab test, if necessary

Date \_\_\_\_\_ Signature \_\_\_\_\_

Patient / Visitor / Accompanying person

**For patients who need to be accompanied by another person:**

Phone number of accompanying person \_\_\_\_\_

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**The checklist must be renewed after one week at the latest.**

The risk assessment must be presented at any time requested and is not transferable.

| <b>Risk assessment for follow-up appointments at UKT</b> |                                  |
|--|----------------------------------|
| <b>Date / Stamp</b>                                      | <b>Change compared to page 1</b> |
|  | <input type="checkbox"/> No      |
|  | <input type="checkbox"/> Yes     |
|  | <input type="checkbox"/> No      |
|  | <input type="checkbox"/> Yes     |
|  | <input type="checkbox"/> No      |
|  | <input type="checkbox"/> Yes     |
|  | <input type="checkbox"/> No      |
|  | <input type="checkbox"/> Yes     |
|  | <input type="checkbox"/> No      |
|  | <input type="checkbox"/> Yes     |

- "No": No further measures required
- "Yes": Isolation from other persons waiting/patients, coronavirus swab test, if necessary