Questionnaire COVID-19

Permanence MedCenter

please fill out this questionnaire and bring it with you when you visit our practice

Diagnosis and symptoms

☐ fever ≥ 38° C	☐ cough	☐ dyspnoea
☐ shortness of breath	☐ chest pain	☐ sore throat
☐ headache	☐ loss of smell	☐ loss of taste
☐ acute confusion / deterioration of general condition in the elderly		
☐ gastrointestinal complaints	☐ muscle aches	☐ rashes
☐ no symptoms	☐ other symptoms:	

beginning of the complaints: ________________________

Underlying disease

☐ diabetes	☐ cardiovascular disease	☐ immunosuppression
☐ chronic kidney disease	☐ high blood pressure	☐ cancer
☐ chronic respiratory disease	☐ overweight (BMI > 35)	☐ no disease
☐ smoker	☐ pregnant	☐ other:

In the last 14 days

Where have you been travelling?	☐ Switzerland ☐ other country/place:
If abroad: means of transport used?	☐ airplane ☐ ship ☐ train ☐ bus ☐ car ☐ other:
Do you live in an asylum/institution?	☐ no ☐ yes - name:
Did you have close contact with a laboratory-confirmed COVID-19 case?	☐ no ☐ yes ☐ unknown
Where did you possibly get infected?	☐ family ☐ workplace ☐ school/kindergarten ☐ private event ☐ I belong to health staff ☐ club/disco ☐ restaurant/bar ☐ demonstration/event ☐ spontaneous crowd ☐ Other:

With my signature, I confirm that I agree to the electronic transmission of the laboratory result by email. I received the leaflet 'Instructions for Compulsory Isolation' from the BAG and was informed about its content.

Date ………………………………… Signature …………………………………

Grund für den Test – durch Personal auszufüllen:

☐ Symptomatisch ☐ Meldung COVID-App

☐ Arbeitgeber ☐ Patient ☐ Kantonsarzt

Zuständiger Arzt ______________________________

Patientenetikette