

# QUESTIONNAIRE BEFORE ENTERING THE TAUERNKLINIK

<input type="checkbox"/> TKZ  <input type="checkbox"/> TKM	<b>BEREICH</b>	<input type="checkbox"/> Haupteingang <input type="checkbox"/> AEE <input type="checkbox"/> .....	Datum:.....  Uhrzeit:.....  Befragende(r):.....
--	----------------	---	---

## THE QUESTIONNAIRE MUST BE FILLED IN FOR EACH PERSON (children included)

Please fill in the form

First name

---

Last name

---

Date of birth

---

Phone

---

I AM: please tick

PATIENT

VISITORS OF:

.....

OTHER PERSONS:

.....

(please state the exact reason for visiting the clinic)

please tick

- ▶ Do you have cough or other flu-like symptoms?.....yes  no
- ▶ Do you have diarrhea and/or vomiting?.....yes  no
- ▶ Do you have any problems with smell or taste?.....yes  no
- ▶ Have you recently had contact with a coronavirus positive person  
or have you been tested positive for SARS-COV-2 (Corona)? .....yes  no

**I HAVE CONSCIENTIOUSLY ANSWERED THE ABOVE QUESTIONS AND READ THE TEXT.**



\_\_\_\_\_  
Date, signature

You are requested to wear a mask  
and to comply with hygiene measures  
(hand disinfection, distance rule).

**INTERNE INFORMATION:**

Wenn eine der o.g. Fragen mit „yes“ beantwortet wird, kommt der **Patient** in die Infektionsambulanz.  
Andernfalls wird er primär in der Ambulanz der jeweils zuständigen Abteilung vorgestellt!

**Besucher** werden nur eingelassen, wenn o.g. Fragen mit „no“ beantwortet wurden.