



## Health questionnaire before an examination or treatment

**Dear Patient,**

Please help us to ensure that all patients to the Essen University Hospital Group [Universitätsmedizin Essen] are kept safe and healthy now and in the future by filling in this short health questionnaire.

1. **Have you had a fever (above 38°C) in the past five days?**  Yes  No
2. **Have you got or have you had chills?**  Yes  No
3. **Have you experienced new episodes of coughing?**  Yes  No
4. **Have you experienced new episodes of a cold?**  Yes  No
5. **Have you had a new sore throat?**  Yes  No
6. **Have you had a new episode of headache?**  Yes  No
7. **Have you experienced any new issues with your sense of taste and/or smell?**  Yes  No
8. **Have you experienced any new pain in your joints or limbs?**  Yes  No
9. **Have you had diarrhoea within the past six days?**  Yes  No
10. **Within the past 14 days, have you had contact with a person who has had a proven case of the novel corona virus (COVID-19)?**  Yes  No
11. **Within the past 14 days, have you had contact with a person who is suspected of having the novel corona virus (COVID-19)?**  Yes  No
12. **Have you travelled, either within the country or abroad, within the past 14 days?**  Yes  No  
if "yes", where did you travel to? \_\_\_\_\_
13. **Have you been tested for the novel coronavirus (COVID-19) by the public health department or at your own request?**  Yes  No  
if "yes", what was the result of the test?:  positive  negative (date: \_\_\_\_\_)
14. **Have you already tested positive for an infection with SARS-CoV-2?**  Yes  No

Information on the accompanying person:

Surname, first name \_\_\_\_\_

Telephone number \_\_\_\_\_

If an accompanying person is present: please fill out another copy of **this health questionnaire**.

I hereby confirm that the information stated above is true and correct.

Date \_\_\_\_\_

(DD.MM.YYYY)

Signature \_\_\_\_\_