KLINIKUM WILHELMS HAVEN

Triage-Fragebogen grippaler Infekt/Influenza/Corona

- Klinikum WHV -

Name of Patient: Ward:

Name, First Name: _____
Address: _____
Phone Number: _____
Hospital Admission: Reason: _____
Date: _____
Time: _____

Symptoms	Yes	No	Severity			Start of Symptoms
			slight	moderate	severe	
Sudden onset of illness?	☐	☐				
Acute distress						
At rest?	☐	☐	☐	☐	☐	
At stress?	☐	☐	☐	☐	☐	
Fever	☐	☐				max °C
Exhaustion / tiredness	☐	☐	☐	☐	☐	
cough	☐	☐	☐	☐	☐	
Rheumatic pains	☐	☐	☐	☐	☐	
Sore throat	☐	☐	☐	☐	☐	
Common cold	☐	☐	☐	☐	☐	
Headache	☐	☐	☐	☐	☐	
Diarrhea	☐	☐	☐	☐	☐	
Taste disorder	☐	☐	☐	☐	☐	
Smelling disorder	☐	☐	☐	☐	☐	
Others (e.g. swallowing pain, rash)						

did you visit a foreign country in the last 14 days	☐ no ☐ yes, destination?
Have you recently had contact with a person with Corona-infection?	☐ no ☐ yes, location of contact?
Have you recently had contact with a person **suspected for a** Corona-infection	☐ no ☐ yes, location of contact?
Are you currently located in quarantine ordered by health authorities?	☐ no ☐ yes, until Date: _____
Can you show a current **negative** Antigene-Quicktest and / or PCR Test	☐ no ☐ yes, date/time of test: _____
Have you already received **complete** COVID-vaccination?	☐ no ☐ yes, date of last vaccination: _____
Have you suffered from a COVID-infection during the last 6 months?	☐ no ☐ yes, Date: _____
If yes, have you received a single COVID-vaccination after throughgone COVID-infection	☐ no ☐ yes, date of vaccination: _____

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Date / Sign Visitor, Patient or Interviewer (has to be filled on day of visit)