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)						

*if cough exists use regular breathing mask.

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?
do you have a weak immune-system due to any known illness?	☐ no ☐ yes, which illness?
Are you suffering from any chronic diseases?	☐ no ☐ yes, which disease?
Are you currently employed in any medically relevant field?	☐ no ☐ yes, where?
Have Corona throat smears already been carried out with you?	☐ no ☐ yes, Date: _____ Result: ☐ negative ☐ positive

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