

AGAPLESION EVANGELISCHES KRANKENHAUS MITTELHESSEN, Gießen

TRIAGE-FRAGEBOGEN COVID-19		
Name/Address	Patientenetikett oder Kontaktdaten (Name, Adresse, PLZ & Wohnort)	EVANGELISCHES KRANKENHAUS MITTELHESSEN gemeinnützige GmbH Akademisches Lehrkrankenhaus der Justus-Liebig-Universität Gießen KRISENSTAB COVID-19 S2 / S3 Für Klinik, Sprechstunden Erstellt: Krug/Biallas 17.03.2020
Phone Number	Nr.:	
Where do you come from	<input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> nursing home - if yes please fill out symptoms <input type="checkbox"/> with an ambulance	

RISK AREA / CONTACTS	
Have you been on vacation last 14 days <input type="checkbox"/> yes <input type="checkbox"/> no - if yes: Country/city: Date of arrival at home	
Any contact to a Coronarvirus <u>positiv</u> person?	<input type="checkbox"/> yes <input type="checkbox"/> no
Any contact to a person <u>suspected</u> to have Coronavirus?	<input type="checkbox"/> yes <input type="checkbox"/> no
Other information:	
If you answer one question yes please show this sheet to screening-personal , you will get further instruction – PLEASE KEEP DISTANCE (2 meters) If all questions no, please continue with the questions below.	

SYMPTOMS			
Symptom	YES	No	Start of symptom
Shortness of breath	<input type="radio"/>	<input type="radio"/>	
Fever >38,0°C	<input type="radio"/>	<input type="radio"/>	
Coughing	<input type="radio"/>	<input type="radio"/>	
If you answer one question yes please show this sheet to one of the screening , you will get further instruction – PLEASE KEEP DISTANCE (2 meters) If no please sign the paper and hand it out to screening personal.			
Unterschrift Patient/Datum _____(Name) _____(Unterschrift) _____(Datum/Ort)		Dokumentation durch/Arzt: _____(Name) _____(Unterschrift)	