

Coronavirus (SARS-CoV-2) questionnaire

1. Have you or your partner been ill in the past two weeks? yes - no
2. Have you or your partner had fever > 37.5 C in the past two weeks? yes - no
3. Have you or your partner been affected by any of the following symptoms in the past two weeks: cough, sore throat, loss of smell/ taste? yes - no
4. Have you or your partner been in contact with a person with the above described symptoms? yes - no
5. Have you or your partner been in contact with a person diagnosed with COVID-19? yes - no
6. Have you been diagnosed with Coronavirus infection since the onset of the outbreak? Yes – No
7. If yes, have you had a negative PCR test done subsequently that produced a negative result (we can only see you in the clinic for exams/ treatment if you had a negative PCR test result upon recovery from the disease)? Yes - No
8. Have you been vaccinated against Coronavirus (if yes which vaccine was administered)? Yes – No (vaccine:)
9. Do you or your partner work in healthcare (in a unit treating patients with COVID-19) or nursing home? yes - no
10. Do you suffer from any chronic medical conditions (diabetes, pulmonary disease, kidney disease, allergic asthma)? yes - no

If any of your answers to the above questions is “yes” please contact the clinic by phone to discuss whether we can see you for an in person visit.

I declare that the above answers are truthful and describe my current condition accurately.

Date: 2021.

Temperature upon arrival to the clinic:

Patient’s name (in block letters)
.....
.....
Signature:.....

Person performing the triage evaluation:
.....
Signature:.....