

Guidance for visitors at Klinikum Westfalen during the COVID-19-pandemic

General information about the visitor (please fill in in block letters and legibly!)

last name, first name:	
address:	
mobile number:	
e-mail-address:	
visited patient:	
hospital ward and room number:	
date, time and duration of the visit:	

Screening checklist for visitors

Did one of these symptoms appeared in past 14 days?

	YES	NO
Fever (>38° Celsius)?	<input type="checkbox"/>	<input type="checkbox"/>
Possibly check your temperature		
Cough?	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
Loss of taste and/or smell?	<input type="checkbox"/>	<input type="checkbox"/>
Severe runny nose, if it is not explainable by a previous illness (for example allergic responses like hay fever)?	<input type="checkbox"/>	<input type="checkbox"/>
General fatigue and/or loss of performance, if it is not explainable by a previous illness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently in quarantine?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been abroad within the last 14 days or have you been in a particularly affected area in Germany?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Have you been in contact with anyone known to be positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>

Filled in by hospital:

	YES	NO
Admission of the visitor was granted?	<input type="checkbox"/>	<input type="checkbox"/>

date, signature of the visitor

date, signature of the hospital staff