

Last name:	_____
First name:	_____
Date of birth:	_____
Address:	_____ _____
Phone:	_____ _____

Reason for coming:
<input type="checkbox"/> Emergency
<input type="checkbox"/> Consultation-hour
<input type="checkbox"/> Scheduled admission
Departement _____

**Risk- query:**

Have you been in any contact with someone infected with the coronavirus in the last 14 days?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have a high temperature/ fever (> 37.5 ° Celsius)?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have new disorders of taste or smell?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have any new symptoms of the respiratory tract, particular in the form of a dry cough?	<input type="checkbox"/> yes <input type="checkbox"/> no

For all persons aged six and over: According to the current legal situation, access is only permitted with a "3G status" (vaccinated, recovered or tested). The "3G status" can be proven as:

**Droofs:**

Do you have vaccination certificate?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have a recovered-evidence?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have a negative rapid test of a recognized smear point with proof? (Rapid test may be max. 24 h and a PCR test max. 48 h)	<input type="checkbox"/> yes <input type="checkbox"/> no

I certify the validity of the information in this document:

\_\_\_\_\_  
 Date and Signature 1. contact

\_\_\_\_\_  
 Date and Signature 2. Contact

\_\_\_\_\_  
 Date and Signature 3. contact

**Vom Sichtungspersonal auszufüllen**

Datum	Uhrzeit	Temperatur 1	Temperatur 2	Temperatur 3	Unterschrift Mitarbeiter der Sichtungsstelle: