



Date:

Questionnaire: Health Condition of Patients before Medical Examination in the Infirmary (all questions relate to the period of previous 2 weeks):

Patient's full name: _____

Date: _____

	Questions:	YES	NO
1.	Has your body temperature arisen above 37,5° C?		
2.	Dou you have a cold?		
3.	Do you cough?		
4.	Do you have a sore throat?		
5.	Do you experience a change in taste or smell?		
6.	Do you suffer from heavy breathing or feel pressure in the chest?		
7.	Dou you feel pain in muscles?		
8.	Do you have digestive problems (diarrhoea or vomiting)?		
9.	Has anybody else at home or at work similar symptoms?		
10.	Have you been Covid-19 positive?		
11.	Have you been in contact with COVID-19 confirmed patient (sick relative/-s, or roommate/-s)?		

*** If you answer »Yes« to any of the questions above, please, consult your physician IN ADVANCE or CALL the infirmary.**

I confirm the truthfulness of the above answers with my signature:
