

Corona symptoms questionnaire

Patient

has your child (patient) experienced within the last 48 hours:

- A high temperature/fever or chills? no yes
- A new cough or, if you usually have a cough, has it changed or got worse than usual? no yes
- A new shortness of breath or, if you usually experience difficulties breathing, has it changed or got worse than usual? no yes
- A recently developed sore throat? no yes
- A new headache or muscle/body aches, or, if you usually have headaches or muscle/body aches, has it changed or got worse than usual? no yes
- (New) diarrhoea, or if you have chronic diarrhoea, has it changed or got worse than usual? no yes
- A loss or change to your sense of smell or taste? no yes
- Any other acute signs/symptoms of an influenzal infection? no yes

Companion:

Adress like Patient

Adress:

Have you experienced within the last 48 hours:

- A high temperature/fever or chills ? no yes
 - A new cough or, if you usually have a cough, has it changed or got worse than usual? no yes
 - A new shortness of breath or, if you usually experience difficulties breathing, has it changed or got worse than usual? no yes
 - A recently developed sore throat? no yes
 - A new headache or muscle/body aches, or, if you usually have headaches or muscle/body aches, has it changed or got worse than usual? no yes
 - (New) diarrhoea, or if you have chronic diarrhoea, has it changed or got worse than usual? no yes
 - A loss or change to your sense of smell or taste? no yes
 - Any other acute signs/symptoms of an influenzal infection? no yes
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Date, Signatur

HZ Arzt/Therapeut/ÄAP