



Dear patient,

Please complete this questionnaire and sign it before you enter the doctor / surgery / operation.

1. Have you returned from abroad in the last two weeks or have you been in isolation at home? Yes/no
2. Have you been in contact with a person who was in isolation at home for the past two weeks?
3. Have you or your escort performed a corona test in the last 14 days? Yes/no
4. Do you or your escort suffer from difficulty breathing, shortness of breath or inflammation of the airways?
Yes/no
5. Have you had a fever in the last two days? Yes/no

Date: _____

Patient name and last name: _____

Id number: _____

Address: _____

Signature: _____