

# Corona-diagnostics Form

Last name, First name

Date of birth (DD.MM.YY)

Address (No. and street)

Zip Code, City

Phone number

Family physician

Reason for diagnostics

acute illness

returning traveller (instruction of Health Department)

LRO

HRO

other

contact persons (instruction of Health Department)

LRO

HRO

other

planned trip (self-payer)

screening of teachers (with attestation from the work place)

screening of employees /students at the Rostock University Medical Centre

screening for the scheduled rehabilitation/hospital stay

other reasons (e.g. employer's request)

Do you have one or more of the following **symptoms**?

**none of the symptoms mentioned**

Please tick all that apply:

fever/chills

cough

sore throat

headache

runny nose

difficulty breathing

fatigue

sweating

muscle aches

stomach/bowel complaints

loss of taste

loss of smell

Date of symptom onset (DD.MM.YY)

Have you travelled in the last 14 days?

no

yes

If yes, from

until

City/Country

**In the last 14 days have you been in contact with a person diagnosed with corona-infection?**

yes

no

unknown

If yes, please write the name of the person or the contact location / work place:

Have you been vaccinated against influenza (flu) for the season 2020/2021 ( in Autumn 2020)?

yes

no

unknown

Do you have any chronic conditions/diseases?

no

yes- if yes, please tick the box

lung disease (e.g. COPD, Asthma)

liver disease

immunosuppression

lung inflammation last year

kidney disease

neurological disease

diabetes

heart disease

other

Date (DD.MM.YY)

Signature