Interview sheet for preventing COVID-19 infection expansion

All people coming to this hospital, need to fill out this form and give it to our staff.

■temperature in this morning（　　　　　　℃）　at the time of admission（　　　　　　℃）

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| --- | --- | --- | --- |
| 1 | Temperature (more than 37.5℃) within the past 14days | Yes | No |
| 2 | Sore throat, cough, Sputum, dyspnea, short of breath, feel listless  （appeared strongly from the past 14days） | Yes | No |
| 3 | Runny nose, stuffy nose, decreased sense of smell and taste  （appeared strongly from the past 14days） | Yes | No |
| 4 | Headache, joint pain, muscle pain  （appeared strongly from the past 14days） | Yes | No |
| 5 | Diarrhea, nausea, vomiting  （appeared strongly from the past 14days） | Yes | No |
| 6 | I have being treated immunosuppressants／anticancer drugs | Yes | No |
| 7 | I often spend at “Three Cs” (Closed spaces with poor ventilation, Crowded places with many people nearby, Close-contact setting such as close-range conversations) in daily life. | Yes | No |
| 8 | Within the 1 month, I have visited a foreign country. Or I have been in close contact with a person who has visited a foreign country.  Country ( ) return date( ) | Yes | No |
| 9 | Within the past 14days, I have been in contact with a person who has tested positive or suspected of being infected for COVID-19.  （Including symptomatic family member & coworker ） | Yes | No |
| 10 | There is a risk I have been in contact with COVID-19 infected person,  I have asked stay at home. (Include self-isolation) | Yes | No |
| 11 | Within a month after being diagnosed as completely cured from COVID-19. | Yes | No |

※Please let us know if you have any of the following symptoms; chronic headache, asthma cough, stuffy nose due to hay fever, muscle pain or joint pain with obvious cause.

Month day 2021　　　　ID　　　　　　　　Name

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