

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 (_____ °C) at the time of admission (_____ °C)

1	Temperature (more than 37.5°C) 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	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
7	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
8	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
9	Within 3 weeks 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 _____