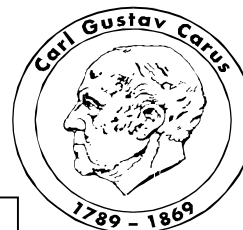


Short Covid-19 questionnaire for Paediatrics department (A)



Patient details:	Carer/contact person:
Surname, given name:	Surname, given name:
Date of birth:	Date of birth:
Insured under the policy of:	Tel.:
Date of birth:	E-mail:
Paediatrician/GP:	

Dear patients, parents and visitors,

To protect our patients and staff against becoming infected with Covid-19 and to stop the spread of the virus, we have a request for you. If you have an appointment at our paediatric department with your child, you are urgently requested to answer the following questions in advance:

- 1) Do you or your child have the symptoms of an acute infectious disease (coughing, shortness of breath, sore throat, raised temperature, aching muscles/joints, headache, diarrhoea or nausea/vomiting, loss of sense of taste or smell), or have you had such symptoms in the last 14 days? (Please underline as appropriate.)
 YES NO
- 2) To your knowledge, have you or your child been in contact with one or more people infected with SARS-CoV-2 in the last 14 days?
 YES NO
- 3) Have you or your child been in an area (abroad) identified by the RKI as posing a risk, or have you returned from there in the last 14 days?
 YES NO
- 4) Are you or a member of your household currently in quarantine on the orders of the health department?
 YES NO

If you answer "YES" to any of these questions, you are urgently requested to contact us **beforehand**, i.e. before you make your way to the hospital, at the paediatric outpatients' department (e-mail: KIK-Anmeldung@ukdd.de), Building 65 (e-mail: KIK-A3@ukdd.de) or the Social Paediatric Centre (e-mail: spz@ukdd.de) where your visit was planned. If you answered "NO" to all the questions, please bring the completed questionnaire with you to your appointment. Please note that **only one person is currently allowed to accompany your child** to the outpatients' department.

All visitors and other people from outside the hospital must prove they are vaccinated against, recovered from or tested for Covid-19 ("**3G**"). This includes people accompanying patients.

Vaccinated: Present your vaccination pass (on paper or digital)

Child YES 1st vaccination on: _____ 2nd vacc. on: _____ NO
Accompanying person YES 1st vaccination on: _____ 2nd vacc. on: _____ NO

Recovered: (positive PCR test for SARS-CoV-2 within the last 6 months)

Child YES, positive PCR test dated: _____ NO
Accompanying person YES, positive PCR test dated: _____ NO

Tested: (Rapid tests are valid for up to 24 h, PCR tests up to 48 h. Present a document from a Covid-19 test centre/the school. Home testing kits are not accepted.)

Child YES Negative PCR/ rapid antigen test dated: _____ NO
Accompanying person YES Negative PCR/ rapid antigen test dated: _____ NO

Thank you for your help!

Signature of parents/guardians:

Place, date:

Data protection: Under the Saxon Coronavirus Protection Ordinance, we are required to record your contact details in order to be able to track any chains of infection. Your data will be treated in accordance with data protection law and will only be used as permitted by statutory regulations. The retention period is 30 days.

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