

QUESTIONNAIRE FOR VISITORS

Please fill in the questionnaire, prepare the necessary documents and hand it over to the nurse IMMEDIATELY upon arrival at the department

Name and surname of visitor:

PID of patient

- negative PCR test** (result max. 7 days prior to the visit)
- negative antigen test** (result max 72 hours prior to the visit)
- confirmation of vaccination** (> 14 days after complete vaccination)
- confirmation of past COVID-19**
(within 180 days after the first detection, completed isolation for 14 days)

Questionnaire validation (name tag and signature of a member of personnel):

Have you had any of the following symptoms in the last 14 days?

A high temperature (> 37.5 °C) or chills?	YES	NO
Cough	YES	NO
Shortness of breath or worsening of shortness of breath	YES	NO
Loss of taste or smell?	YES	NO
Are you in quarantine?	YES	NO
Have you been outside the Czech Republic in the last 14 days?	YES	NO
Have you been in contact with someone with confirmed COVID-19 in the last 14 days??	YES	NO

Date:

Visitor signature:

Questionnaire received by (stamp and name of nurse):

If the answer to any question is YES, the visitor will be isolated and hospital personnel will inform a doctor, who will decide the next steps.

Everyone entering the hospital must wear a correctly positioned FFP2 respirator without an expiration valve and disinfect their hands!