



Short COVID-19 questionnaire for the children's hospital (A)

Patient details:
Surname, first name:
Date of birth:
Tel. no.:
Ward/outpatient dept.:

Contact person:
Surname, first name:
Tel. no.:
Email:

Universitätsklinikum
Carl Gustav Carus Dresden
an der Technischen
Universität Dresden
Anstalt des öffentlichen Rechts
des Freistaates Sachsen

Hausanschrift:
Fetscherstraße 74
01307 Dresden
Telefon 0351 458 -0

Dear patients, parents and visitors,

In the current situation, to suitably protect our patients and staff against being infected with Covid-19 and to counteract its further spread, we have a request for you: if you have an appointment with your child in one of our specialist outpatient departments, the Social Paediatric Centre (SPZ) or one of our specialist units, you are urgently required to answer the following questions beforehand:

- 1) In the last 14 days, have you or your child had symptoms of an acute infectious disease (coughing, shortness of breath, sore throat, raised temperature, aches and pains, headaches, diarrhoea or nausea/vomiting, loss of taste or smell)? (Please underline as applicable.)
 YES NO
- 2) To the best of your knowledge, have you or your child had contact with someone infected with SARS-CoV-2 in the last 14 days?
 YES NO
- 3) In the last 14 days, have you or your child been in or returned from an area (abroad) identified as a high-risk area by the RKI?
 YES NO
- 4) Are you or any member of your household currently in quarantine by order of the health department?
 YES NO

If you answer "YES" to any of these questions, please urgently consult us **in advance** – i.e. before setting off for the hospital – by contacting the specialist outpatients' department (email: KIK-Anmeldung@ukdd.de), outpatient building 65 (email: KIK-A3@ukdd.de) or the SPZ (email: spz@ukdd.de), where your visit was planned. If you answer "NO" to all the questions, please bring the filled-in questionnaire with you to your appointment. Please also note that currently only **one** person may accompany your child to his or her outpatient appointment.

- 5) Have you or your child ever been confirmed as suffering from Covid-19?
 YES, on (date): _____* NO
- 6) Have you or your child already been vaccinated against Covid-19?
 YES 1st vaccination on (date): _____ NO
2nd vaccination on (date): _____**
- 7) Have you or your child recently been tested for Covid-19?
 YES 1. PCR test on (date): _____ NO
2. Lateral flow (antigen) test on (date): _____***

* Provide evidence by presenting the certificate from your health department, paediatrician or GP
** Provide evidence by presenting your vaccination passport (physical or digital)
*** Provide evidence by presenting the document from the Covid-19 test centre. Home testing kits are not enough.

Thank you very much for your help!

Signature of parents/guardians:

Place, date:

Data protection: In accordance with the Saxon coronavirus protection ordinance, we are obliged to take your contact details to trace the chain of infection if an outbreak occurs. Your data will be dealt with in line with data protection regulations and will only be used in the context of the legal provisions. The retention period is 30 days.



Vorstand:
Prof. Dr. med. D. M. Albrecht
(Medizinischer Vorstand, Sprecher)
Frank Ohi (Kaufmännischer Vorstand)

**Vorsitzender des
Aufsichtsrates:**
Prof. Dr. med. G. Brunner

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