009.AN_Questionnaire for the Corona-Virus-Swab for adults

Please answer the following questions:

- Mr □ Mrs

Family Name __________________________ Name __________________________
Adress __________________________ ZIP / City __________________________
Date of Birth __________________________ E-Mail __________________________
Mobil __________________________ Insurance-Nr. 8075 __________________________
Health insurance __________________________ Pass-Nr. __________________________

Is the bill covered by the military insurance?
- yes □ no

Do you have at least one of the following chronic diseases? - Please check the relevant box.

- High blood pressure
- Chronic respiratory disease
- Diabetes □ Immunodeficiency
- Cardiovascular disease
- Cancer
- Adipositas Grad III, BMI ≥ 40 kg/m²

If you answer YES to one of these questions, Swiss Medi Kids AG recommends a medical examination, diagnosis, advice, treatment, as you are considered a risk patient. Swiss Medi Kids can only offer this examination for children up to 16 years of age

- no chronic diseases

Are you already vaccinated against the Sars-Cov-2?

- No

- 1. Dose on the __________________________

- 2. Dose on the __________________________

Do you have at least one of the following symptoms? - Please check the relevant box.

- Symptoms of Acute Respiratory Disease /□ Cough / □ Sore throat / □ Respiratory disease /
- Sudden loss of smell or taste / □ Chest-ache / □ Fever ≥ 38°C / □ Shortness of breath
- Headache / □ Muscle pain / □ General weakness, feeling uncomfortable / □ Acute confusion or deterioration in general condition (in the elderly)/ □ having a cold at the moment
- gastrointestinal symptoms (Nausea, Vomiting, Diarrhoe) / □ skin rashes

SWISS MEDI KIDS AG Kinder Permanence
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Swiss Medi Kids AG does not offer you medical examinations, diagnostics, advice, Treatment, but only performs the swab.

☐ No symptoms

Additional questions for symptomatic patients - please tick as appropriate.

When did the symptoms started?

☐ more than 4 days ☐ less than 4 days

Do you work in a health care institution where you have patient contact?

☐ yes ☐ no

Additional questions for asymptomatic patients - please tick as appropriate.

Are you in officially ordered quarantine and has the cantonal medical office provided the indication for the test?

☐ yes ☐ no

Have you received a message through the SwissCovid app and has it been at least 5 days since the contact?

☐ yes ☐ no

Does your employer require a test?

☐ yes ☐ no

Would you like a test for personal reasons and / or reasons that are not listed above?

☐ yes ☐ no

Would you like to use this as your weekly free test?

☐ yes ☐ no

Attention: (only rapid antigen test available for weekly free testing) is based on the criteria of the BAG.

If I fulfill the BAG's Covid-19 test criteria, I acknowledge that the invoices will be sent electronically to the insurance provider via a specialized partner company (MediData). The data safety standards correspond to those of e-banking. For environmental reasons, Swiss Medi Kids does not send any hard copy invoices. These can be viewed in our practice at any time.

Your information will be treated strictly confidentially and is subject to medical confidentiality. I confirm the accuracy of the data provided and I agree that if I do not fulfill the BAG's Covid-Only test criteria, I will pay the invoice right at Swiss Medi Kids.

Location, Date_____________________________________

Signature _______________________________________

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