

009.AN_ Questionnaire for the Corona-Virus-Swab for adults

Please answer the following questions:

Mr Mrs

Family Name _____ Name _____

Address _____ 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 \geq 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.

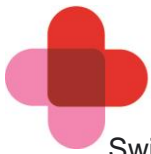
- Symptoms of Acute Respiratory Disease / Cough / Sore throat / Respiratory disease /
- Sudden loss of smell or taste / Chest-ache / Fever \geq 38°C / Shortness of breath
- Headache / Muscle pain / General weakness, feeling uncomfortable / Acute confusion or deterioration in general condition (in the 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
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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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