

Medical Centre, Hungarian Defence Forces	<b>Check list to assess the risk of COVID-19 infection</b>	<b>EL-O-144/5</b> Version: 5 Page: 1
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BO144/5

<b>PERSONAL DATA OF THE PATIENT</b>	
Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (YY.MM.DD)
Resident address (with postcode)	
Phone number, E-mail address	
<b>DEMOGRAPHIC, HEALTH AND EPIDEMIC DATA OF THE PATIENT</b>	
[A] Have you experienced any symptoms on you:  <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes:  <input type="checkbox"/> Fever ( $\geq 38$ °C) <input type="checkbox"/> Cough <input type="checkbox"/> Dyspnoe
[B] Are you officially quarantine or under epidemiological surveillance?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
I hereby declare that these data represent truth	
..... Name of the patient	..... Signature of the patient
<b>COVID-19 RISK STRATIFICATION OF THIS <u>PATIENT</u>*</b>	
<input type="checkbox"/> SUSPECTED	<input type="checkbox"/> <u>NOT</u> SUSPECTED
Budapest, 2020, .....Month .....Day	Signature of the person assessing the patient:

\*considered the patient's self-declaration according to [A], [B] and the result of the fever measurement at time

Készült a Nemzeti Népegészségügyi Központ által kiadott 0734-26/2020. számú Eljárásrend „Csekklista házi orvosok részére” című melléklete alapján.