## Interview sheet for preventing COVID-19 infection expansion (Form A)

☆All people coming to this hospital, need to fill out this form and bring it reception desk.

name		patient ID	temperature	°C
cell phone number date and time /y /m /d ( : )(AM·PM)				
visitor 🛛 patient 🖓 patient's family 🖓 other person ( )				
division	Doutpatient (department of ) / regested to come			
aivision	□inpatient (hospital ward EAST · WEST FLOOR · ACCC · ICU · NICU)			
<ul> <li>attendance of outpatient is goods informed consent informed consent in operation</li> </ul>				
D other ()				
$\star$ If you have had any of the following situations, please check (12) and provide the information.				
1)Within the 14days, I visited a crowed space, a confined space, and /or had close contact with other people.				
visit date /y /m /d the place you visited:				
2)Withir	2)Within the 14days, I've been in contact with a person who has tested positive for COVID-19.			
□ <u>contact</u>	contact date /y /m /d · the place you've contacted ( )			
•relation with the person ( a family member, coworker, acquaintance, other				
□ 3)A family member, coworker, ect, has been requested to self quarantine.				
N/А П				
4)With	4)Within the 14days, I have visited a foreign country.			
country	country ( ) return date /y /m /d			
5)Withir	5)Within the 14days, I have been in close contact with a person who has visited a foreign country.			
Country	try () return date /y /m /d			
	6)Within the past 14days, a family member, coworker, ect, has also been in contact with another person who visited a foreign country.			
the place where I came into contact with that person ( ) · circumsrance ( )				
7)From the past 14 days to today, if the symptom of your family member, coworker, ect, corresponds, please check 🛛 the following.				
□ fever (more than 37.5°C) □ hard to understand th smell				
🗆 cough	🗆 feel	listless 🛛	loose bowels	N/A
🗆 running	nose 🗆 shor	t of breath 🛛 🗆	headache	
$\Box$ sore th	roat			
□ hard to taste the date when the above symptom occurred : /m /d				
8)From the past 14 days to today, If not you, inmate or workplace person corresponds, please check 🛙 it in the following.				
🛛 fever (n	ore than37.5°C) 🔲 hard to understand th smell			
🗆 cough	🗆 feel	listless 🛛	lose bowels	N/A
🗆 running	nose 🗆 brea	ithless 🛛	headache	
$\Box$ sore th	roat			
hard to understand the taste the date when the above symptom occurred : /m /d				
What I want to talk about with a doctor:				
XIf you're requested to wait in the car, please provide the following:				確認欄
car model (color) : number :				