Please mark the correct boxes

COVID-19

Date
Center-Code
Unit-Code

Patient number

1. Are you COVID-19 positive TODAY?

◯ Yes ◯ No ◯ I dont know

2. Have you been tested COVID-19 positive in the last:

◯ 0-3 months ◯ 3-6 months ◯ 6-12 months ◯ >1year? ◯ Never

3. Have you been hospitalized during your COVID-19 infection?

◯ Yes ◯ No ◯ I dont know

THANK YOU!

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