

Questionnaire Test COVID



please fill out completely

Mr Mrs

last name _____

address _____

date of birth _____

phone _____

health insurance _____

first name _____

zip/town _____

e-mail address _____

mobile _____

OASI number _____

Do you have a military insurance? yes no

General questions – tick the corresponding answer

1. Do you need a test to travel?

(if yes, you could jump to question 9)

work/studying yes no

tourism yes no

2. Do you live in a medical or social institution?

yes no

3. Are you a Covid-19 risk patient?* → **The City Notfall recommends that patients at risk undergo a physical examination, diagnostic, specific consultation, treatment.**

yes no

Questions for patients with symptoms – tick the corresponding answer

4. Do you have COVID-19 symptoms? **

yes no

Questions for persons without symptoms – tick the corresponding answer

5. Does the test take place after contact with a person who tested positive?

yes no

7. Does your employer require a test?

yes no

6. Do you need a confirmatory PCR test after a positive self-test/pooltest/Rapidtest?

yes no

8. Do you need a test for personal reasons?

yes no

What do you require from City Notfall Bern AG? – tick the corresponding answer

9. Only a COVID test (indication, nasopharyngeal swab, transmission of the result)

City Notfall can not be made responsible for diagnosis or treatment.

COVID test with physical examination, diagnostic, specific consultation, treatment.

In accordance with our agreements, we will send the invoices directly to the health insurance fund (Art. 42 Part. 2 KVG). I confirm the accuracy of the data above. I confirm that the data above can be passed on to private collection agencies if necessary. Further information on the processing of personal data can be found in the data protection declaration on our website.

Place, date _____

Signature _____

Important additional information

***Patients at risk**

Hypertension, chronic respiratory diseases, diabetes, immune deficiency, cardiovascular disease, cancer, obesity (BMI >35kg/m²), pregnancy, >75 years, liver or kidney disease, trisomy 21

****Symptoms of COVID-19**

Specific symptoms: Respiratory tract disease (cough, sore throat, difficulty with breathing, dyspnea, chest pain, cold), loss of smell and taste, acute confusion, deterioration of general condition (especially the elderly).

Non-specific symptoms: headache, myalgia, general weakness, malaise, rash, gastrointestinal symptoms (vomiting, diarrhea, abdominal pain, nausea).

Billing

- If the test criteria are fulfilled, the costs will be carried by the federal government
- If a medical examination is needed, the examination will be billed by the health insurance according to TARMED.
- If the employer requests a test, the test costs must be paid by the employer, but prepaid by the patient.
- In all other cases, all costs are the responsibility of the patient (for example travelling)

Implementation of the PCR test and transmission of the test results

You will receive the result directly via e-mail from the laboratory Dr. Risch. If you do not receive the result, please don't hesitate to contact us. The results are available between 24h and 48h after testing.

Behavior if you have symptoms

Please stay at home as long you have severe symptoms and see a doctor.

If the symptoms are weak, please wear a mask in order to prevent further infections. You can go to work with mask cover your mouth and nose.

Isolation

There is no Isolation furthermore necessary. Please stay at home if the symptoms are severe and see a doctor.