

COVID-19 Questionnaire

Infection control office, Asan Medical Center
2020.08.26 10:00 ver.

- ★★To prevent COVID-19, one designated guardian during the hospitalization period is required.
Do not allow visitors to enter the ward except for one designated guardian★★
★Please provide accurate and honest answers. Those who answer dishonestly may be penalized
in accordance with the national health regulations and law.★

Patient	Name	ID	Contact number	Ward
Guardian	Name	Relationship	Contact number	

Only High risk(★) Epidemiological Relevance Check for Outpatient & Exam

1. Epidemiological Correlation (Check All That Apply, "★" = "high-risk" category)

☐ ★ **Contact with COVID-19 confirmed patient** (2 weeks from the contact date) (Call 8112(888112))

(Received notifications from national institution after coming into contact with a patient confirmed of COVID-19 (SMS, public health center, etc.))

※ Children and adolescents under the age of 19 need to check their exposure for up to 4 weeks from the date of contact to differentiate multi-organ inflammatory syndrome.

☐ ★ **Overseas visits within the last 2 weeks** (Country: _____) Duration(Y/M/D): ____/____/____ ~ ____/____/____

☐ Released from Quarantine after COVID-19 Confirmation, Quarantine Released Date(Y/M/D): ____/____/____ (Call 8112(888112))

☐ **Familial**
Relationship ☐ Housemate is confirmed COVID-19
☐ Housemate have received notifications from the government regarding contact of confirmed COVID-19
☐ Housemate had overseas visits within the last 2 weeks

☐ Was present in an area that was visited by an COVID-19 patient [_____]

☐ ★ **Visited the following High-Risk Mass Outbreak** (Check the Visited Date and place name)

※ Not applicable if 2 weeks have passed from the last visit

Location	Visited	Name of the place	Date
Seoul	Gwanak-gu Bongcheon-dong <input type="checkbox"/>	Youngin MC Building 6th Floor (Muhan Group)	8/10~20
	Seongbuk-gu Jangwi-dong <input type="checkbox"/>	Sarang Jeil Church(Applies also if the housemate has visited)	7/27~8/14
	Yeongdeungpo-gu Yeouido-dong <input type="checkbox"/>	Yeouido Full Gospel Church(Applies also if the housemate has visited)	8/16~19
	Jongno-gu - <input type="checkbox"/>	Gwanghwamun_ Participation in Liberation Day Rally	8/15
Gyeonggi	Anyang-si Dongan-gu <input type="checkbox"/>	Sala Days	8/14~24
Incheon	Bupyeong-gu Cheongcheon-dong <input type="checkbox"/>	Galilee Presbyterian Church(Applies also if the housemate has visited)	8/16~23
	Seo-gu Simgok-dong <input type="checkbox"/>	Church of the Lord(Applies also if the housemate has visited)	8/16~18
Chungnam	Cheonan-si Dongnam-gu <input type="checkbox"/>	Soon Chung Hyang University Cheonan Hospital (Excluding COVID-19 Screening Center)	8/10~24
Jeonnam	Suncheon-si Deokwol-dong <input type="checkbox"/>	Cheongam Fitness & Spa (Gym inside Cheongam College)	8/18~21

☐ **Visited the following places (Check the Visited Date and place name)**

※ Not applicable if 2 weeks have passed from the last visit

Location	Visited	Name of the place	Date
Seoul	Gangdong-gu Gil-dong <input type="checkbox"/>	★ Gangdong Heart Hospital Operating Room	8/16~21
	Gwangjin-gu Jayang-dong <input type="checkbox"/>	★ Green Pastures Community Church	8/16~22
	Geumcheon-gu Siheung-dong <input type="checkbox"/>	★ Hee Myoung Hospital (Excluding COVID-19 Screening Center)	8/20~24
	Seongdong-gu Haengdang-dong <input type="checkbox"/>	★ Hanyang University Medical Center Hemodialysis Center	8/20~24
	Eunpyeong-gu Bulgwang-dong <input type="checkbox"/>	★ Haircock Yeonshinnae Branch	8/8~22
	Myeongmok-dong <input type="checkbox"/>	★ Green Hospital(Excluding COVID-19 Screening Center)	8/16~24
	Jungnang-gu Muk 1-dong <input type="checkbox"/>	★ Haesung Church	8/21~22
Gyeonggi	Gunpo-si Dang-dong <input type="checkbox"/>	★ Fortune Restaurant	8/19~23
	Dasan-dong <input type="checkbox"/>	Gyeongcheon Yein Oriental Medical Clinic	8/20~21
	Namyangju-si Byeolnae-dong <input type="checkbox"/>	365 DK Clinic	8/17~21
	Seongnam-si Bundang-gu <input type="checkbox"/>	Cha University Bundang Medical Center Emergency Room, Cancer Center(Excluding COVID-19 Screening Center)	8/20~22
	Bucheon-si Simgokbon-dong <input type="checkbox"/>	★ Haedoc Jjimjil Café	8/19~25

Location		Visited	Name of the place	Date
Gyeonggi	Pyeongtaek-si Hyeonhwa-ri	<input type="checkbox"/>	★ Lee Jong In Language Academy	8/19~21
	Hanam-si Deokpung-dong	<input type="checkbox"/>	★ Wellbeing Bath (Jjimjilbang & Men Bath)	8/21~23
Incheon	Gyeyang-gu Jakjeon-dong	<input type="checkbox"/>	★ Duri Obstetrics and Gynecology Internal Medicine Clinic	8/21~24
	Michuhol-gu Hakik-dong	<input type="checkbox"/>	★ Michuhol Elderly Day Care Center	8/19~23
Gangwon	Wonju-si	Dangye-dong <input type="checkbox"/>	★ Popcorn PC Bang	8/21
		Dangu-dong <input type="checkbox"/>	★ Kyung Hee Hyo Day Care Center	8/19~24
		<input type="checkbox"/>	★ Joy Club Multi Gym	8/20~21
	Ilsan-dong	<input type="checkbox"/>	★ Wonju Severance Christian Hospital(Excluding COVID-19 Screening Center)	8/23~24
		<input type="checkbox"/>	★ Wonju Green Hospital(Excluding COVID-19 Screening Center)	8/21~24
Chungbuk	Chungju-si Cheongwon-gu	<input type="checkbox"/>	★ Cheongju St. Mary's Hospital	8/21
	Chungju-si Cheongwon-gu	<input type="checkbox"/>	★ Cheongju St. Mary's Hospital(Excluding COVID-19 Screening Center)	8/20~21
Daejeon	Yuseong-gu Bongmyeong-dong	<input type="checkbox"/>	★ Yuseong Hot Spring Bulgama Sauna	8/15~21
		<input type="checkbox"/>	★ Lee Boyoung's Talking Club Doan Yuseong Branch	8/21
	Jung-gu Seonhwa-dong	<input type="checkbox"/>	★ Swimming pool in Jung-gu National Sports Center	8/21
Gwangju	Seo-gu Nongseong-dong	<input type="checkbox"/>	★ Woongjin Thinkbig (Jeonnam Business Headquarters)	8/17~21
Jeonnam	Suncheon-si	Gagok-dong <input type="checkbox"/>	★ Yusimcheon	8/21
		Deokam-dong <input type="checkbox"/>	★ Best Hospital(Excluding COVID-19 Screening Center)	8/18~22
		Deokwol-dong <input type="checkbox"/>	★ Awesome PC Café	8/19, 21
		Dongoe-dong <input type="checkbox"/>	★ Han Gajok Full Gospel Church	8/22
		Jorye-dong <input type="checkbox"/>	★ Kim Seonsaeng Fitness Club	8/18~21
Gyeongnam	Geoje-si Geoje-myeon	<input type="checkbox"/>	★ Busong Noodles	8/14~22
Busan	Jin-gu Gaya-dong	<input type="checkbox"/>	★ Gaya Spa Valley 24 (Women's Bath)	8/16~22
Jeju	Jeju-si Hwabukil-dong	<input type="checkbox"/>	★ Hwabuk Cathedral	8/23

☐ None of the Above(Epidemiological Correlation)

2. Check All Symptoms That Apply(Symptoms that occurred or are getting worse within 2 weeks)

* Please put a check if there are symptoms within 2 weeks even if there are no current symptoms

☐ Fever above 37.5℃ [Took Fever Reducer Y or N, Date and Time of Last Intake: _____]

(If you have taken a fever reducer within 6 hours, you will be considered to have a fever even if you don't actually have a fever)

- | | | |
|--|---|--|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Muscle ache (Body Aches) | <input type="checkbox"/> Chill |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Smell or taste loss | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> New symptoms of nasal congestion(New symptom of nasal congestion or runny nose for Children's Hospital) | | |
| <input type="checkbox"/> Difficulty Breathing | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> None of the Above |

3. Additional checklist(Only for inpatient and emergency patients)

☐ (Within 2 weeks) Confirmation regarding Nursing Facilities

- ☐ Admitted in Nursing Facilities or Received Day Care Center Service
- ☐ Received Home-Visit Care Service from Care Worker (Excluding Home Healthcare)
- ☐ Working as a Care Worker

(Facility name: _____), Duration(Y/M/D): ____/____/____ ~ ____/____/____

→ If applicable, follow up for SARS-CoV-2 will be done 3 days after admission [HD#4]

☐ Lives in Seoul, Gyeonggi, and Incheon

→ If applicable, SARS-CoV-2 exam will be done a day before hospitalization. After checking negative results, the hospitalization will proceed the following day

★ If the information is different from what you have written, assigned hospital bed can be changed and admission procedure may be delayed. Additional examination may be also required so please fill out the information correctly. ★

I confirm that the information provided above is accurate to best of my knowledge.

Date signed (Y/M/D): 2020 / ____ / ____

Print Name and Sign : (signature)

Medical Staff : (signature)