

**QUESTIONNAIRE FOR THE ASSESSMENT OF MEDICAL CONDITION OF THE CHILD
AND OF THE PARENT/CHILD COMPANION BEFORE TREATMENT IN THE OUTPATIENT CLINIC**

Name and surname of the parent / child companion: _____

Name and surname of the child: _____

Date: _____

At Community Health Centre Ljubljana, we strive to ensure the safe treatment of all patients, and you also contribute to this by stating the truthfulness of the data. Thank you!

Questions from 1.-11. in both tables refer to the CURRENT CONDITION and THE PERIOD OF THE PAST 14 DAYS.

QUESTIONS REFER TO THE PARENT / CHILD COMPANION		YES	NO
1.	Do you have a fever (over 37.5 °C)?		
2.	Do you have a cold?		
3.	Are you coughing?		
4.	Do you have a sore throat?		
5.	Do you have a changed sense of taste or smell?		
6.	Do you get a feeling of shortness of breath or tightness in your chest?		
7.	Do you have muscle pain?		
8.	Do you have digestive problems (diarrhoea or vomiting)?		
9.	Does anyone else at home or at work have such problems?		
10.	Have you been tested positive for COVID-19?		
11.	Have you been in close contact with a person who tested positive for COVID-19 (infected relatives, cohabitants, co-workers,...)?		

QUESTIONS REFER TO THE CHILD		YES	NO
1.	Does the child have a fever (over 37.5 °C)?		
2.	Does the child have a cold?		
3.	Is the child coughing?		
4.	Does the child have sore throat?		
5.	Does the child have a changed sense of taste or smell?		
6.	Does the child have a feeling of shortness of breath or tightness in the chest?		
7.	Does the child have muscle pain?		
8.	Does the child have digestive problems (diarrhoea or vomiting)?		
9.	Does anyone else at home or in kindergarten have such problems?		
10.	Has the child been tested positive for COVID-19?		
11.	Has the child been in close contact with a person who tested positive for COVID-19 (infected relatives, siblings, cohabitants, classmates,...)?		

If the answer to any of the questions (from 1 to 11) was YES, before treatment, first consult at the infirmary where you have medical appointment.

I confirm that I am familiar with:

- I am obliged to provide all necessary and true information regarding my own and the child's medical condition* to the competent doctor and other competent medical workers.
- This questionnaire is kept for 1 month after the treatment.

By signature, I confirm the truthfulness of all statements: _____

*In accordance with Article 54 of the Communicable Diseases Act, the allegation of false information is a misdemeanor and in accordance with Article 177 of the Criminal Code it is a criminal offense.