



Screening for patients

1. Have you already been tested for COVID-19? If yes, how? When? Result?
 - If positive, where you rescreened 14 days later? What was the result?
 - Did you have IgM and IgG screening?
 - If test negative and longer than 72H ago, retest with PCR
2. Does a person affect of Covid-19 within the last 2 months lives with you?
3. Is someone of your same home family a health care worker?
4. To your knowledge have you been in contact with a person diagnosed of Covid-19 within 3 days before symptoms started, 7 days after symptoms began or 3 days after symptoms ended
5. Are you a smoker?
6. Do you currently have one of the following symptoms/conditions?
 - Fever>38°
 - Cough
 - Trouble breathing or short breath
 - Chest pain
 - Fatigue
 - Muscle soreness
 - sore throat
 - light headedness
 - headaches
 - Chills
 - Diarrhoea
 - Nausea
 - Lost of taste or smell
 - Runny nose
 - None of the above
7. Are you affected by one of the following chronic conditions:
 - Asthma or chronic pulmonary conditions
 - Chronic liver disease
 - Chronic Kidney disease
 - Any kind of immunodeficiency
 - Diabetes
 - Rheumatoid conditions
 - Cancer in treatment
 - Heart or vascular diseases

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- Hypertension
- Steroid or Disease Modifying Drugs or Chemotherapy
- None of the above

8. Are you a healthcare worker?

9. Do you live with someone who is >65 years old or have chronic disease and may be at Risk for Covid-19 infection?

10. Do you live in a “red zone area” or have been in contact with people coming from a “red zone area” in the last 14 days

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