Medical history questionnaire for briefing according to the law on protection against infection (Infektionsschutzgesetz § 43 Abs. 1 Nr. 1)

Surname: _____ First name: _____

Date of birth: _____

Address: _____

Please answer the following questions:

		No	Yes
1.	Is your health currently affected by		
	• diarrohea, sickness, vomiting?	☐	☐
	• fever, headaches, stomach or joint pains?	☐	☐
	• faintness, loss of appetite?	☐	☐
	• skin complaints, weeping inflammable wounds?	☐	☐
	• fever and persistent coughing?	☐	☐
2.	Have you suffered from one or more of the complaints listed in point 1 within the last two months?	☐	☐
3.	Have you been in contact with anyone suffering from diarrohea within the last four weeks?	☐	☐
4.	Have you ever suffered from typhoid?	☐	☐
5.	Has anyone in your immediate surroundings been sick with typhoid within the last four weeks?	☐	☐
6.	Does your stool regularly contain bacteria or other pathogens? (e.g. following an infection with salmonella or similar disease)	☐	☐
7.	Have you, or a member of your household or a person in your immediate surroundings suffered from jaundice (hepatitis) within the last eight weeks?	☐	☐

8.	Have you had extensive contact with a person suffering from pulmonary tuberculosis within the last six months?	☐	☐
9.	Have you been inoculated against:		
	• typhus? Please give the date:	☐	☐
	• hepatitis A? Please give the date:	☐	☐
10.	Have you been abroad during the last six months?	☐	☐
	• In which country?		
11.	**Please give the name and address of your most recent employer:**		

Declaration:

I hereby declare that all questions on this form have been answered truthfully and correctly, and that no reasons are known to me why I should be prevented from carrying out this kind of occupational activity.

Place / Date

Signature