



### 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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**Communication address:**

EKS, MediCongress,  
Noorwegenstraat 49,  
9940 Evergem,  
Belgium

**Legal address:**

EKS, Avenue Hippocrate 10,  
1200 Woluwe,  
Belgium

**URL**

[europeankneesociety.com](http://europeankneesociety.com)



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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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