

Date of examination:

Language: Englisch

Number/day:

**Questionnaire for the initial examination for asylum seekers  
at the ZAE Zirndorf**

Please present the completed questionnaire when undergoing the initial examination!

First and last name:.....

Date of birth:.....

1. Do you or your children suffer from looseness and/or vomiting?  yes  no  
 yes  no

- If yes, since when?  1-2 days  
 1-4 weeks  
 More than 4 weeks

2. Do you suffer from breathlessness when resting and/or under stress?  yes  no  
 yes  no

3. Do you suffer from cough?  yes  no  
 With secretion?   
 Without secretion?

4. Do you or your children suffer from fever or do you have the suspicion of an acute infectious disease with fever?  yes  no

5. Do you or your children have yellow-coloured skin, and/or eyes?  yes  no

6. Do you or your children have conspicuous skin alterations?  yes  no

Hydrous bladders/blisters

Purulent pustules

Blurry/spread discolorations

Ulcers/wounds

Papules

Wheals

Haemorrhages

Itching

.....

If so, where? **(Please mark on the figure using \*)**

7. Do you or your children have tumours under  
Your skin, for example at your neck, armpit or

yes no

inguinal region? If so, where? **(Please mark on the figure using \*)**

8. Have you unintentionally lost weight, recently?

yes no

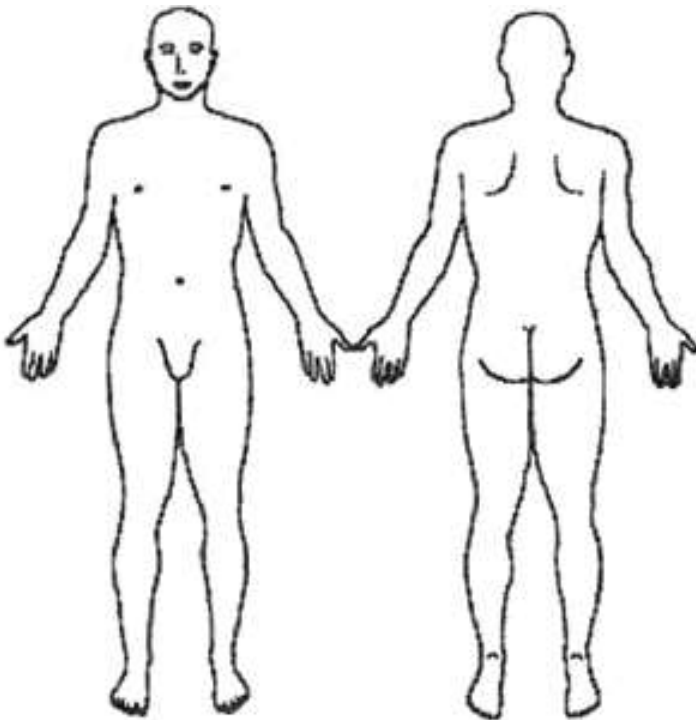
9. Do you or your children currently suffer or have suffered from tuberculosis?

yes no

10. Do you or your children suffer from chronic diseases?  
If yes, which diseases?

yes no

.....



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Date

.....

Signature