Bijlage 3. Contacten

**Eerste ring**

Ingevuld door: Datum:

Instelling:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Huisarts  Naam:  Adres:  Telefoon:  Specialist  Naam:  Telefoon:  Ziekenhuis | Vaccinatiestatus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Verschijnselen? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1e ziektedag |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Personalia (patiënt)**  Naam:  Adres:  Geslacht:  Geboortedatum:  Telefoon (contactpersoon):  Eerste ziektedag:  Datum verwijzing huisarts:  Datum verwijzing specialist:  Datum opname: | Geslacht |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Geb. datum |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relatie |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Naam |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Tweede ring**

Ingevuld door: Datum:

Instelling:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gegevens school / werk / overig**  Naam:  Adres:  Plaats:  Telefoon (contactpersoon):  Relatie:  Naam groep / afdeling:  Naam leerkracht / contactpersoon: | Vaccinatiestatus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Verschijnselen? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1e ziektedag |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Geslacht |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Geb. datum |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relatie |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Naam |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |