Bijlage 3. Contacten

**Eerste ring**

Ingevuld door: Datum:

Instelling:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HuisartsNaam:Adres:Telefoon:SpecialistNaam: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  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |