



COVID-19 EPIDEMIOLOGICAL QUESTIONNAIRE

PERSONAL DATA

Name _____ Surname _____

Date of birth _____ Place of birth _____

Address _____ Reg.: _____

Telephone no. _____

EPIDEMIOLOGICAL DATA

- Did you have any contact with a patient positive with COVID-19? YES NO
- Did you have any contact with a patient with suspicion of COVID-19? YES NO
- Did you have any contact with people who travelled in countries with epidemiological risk? YES NO
- Did you have any contact with the tutors of patients with suspicion of COVID-19? YES NO

CLINICAL DATA

- Do you have the body temperature higher than 37,5 °C? YES NO
- Do you cough? YES NO
- Do you have sore throat? YES NO
- Do you have running nose? YES NO
- Do you have conjunctivitis or teary eyes? YES NO
- Are you experiencing muscular diffuse pain? YES NO
- Are you experiencing a lower or the absence of smell/taste? YES NO
- Have you suffered in the last days from diarrhea? YES NO

*The inadequate declaration of the truth, made to a person provisioned at the article 175 or to an institution where he/she is working, in order to produce a legal consequence, for himself/herself or for another, when, according to the law or the implementations, the declaration serves for producing a consequence, it is punished with jail from 3 months to 2 years or fine.

**The requested information is processed according to the provisions of the Regulation no. 679/2016 regarding the protection of the individuals on the processing of personal data and their free circulation, in a strict compliance with the principles of fundamental rights. Persons whose personal data are processed have the right to exercise their rights of modification, intervention and opposition, by a signed, dated and written request addressed to the data operator.

Date : _____

Signature _____