

PATIENT'S HEALTH DECLARATION OR HIS COMPANION

NAME AND SURNAME.....

IDENTIFICATION CODE.....

I am a patient accompanying person

1. Have you or someone in your household been in contact with an infected COVID-19 person in the last 14 days?

YES NO

If your answer is yes, then who and when?.....

2. Do you have any of the following symptoms?

- temperature is higher than 37.5°C
- cough
- sore throat
- breathing difficulties, dyspnea
- loss of taste and smell
- muscle pain
- tiredness or
- hoarseness, runny or stuffy nose

3. Have you previously been tested for COVID19 case? Was the test result positive?

YES NO

If your answer is yes, then when.....

4. Have you or any member of your household been travelling abroad in the last 14 days?

YES NO

If your answer is yes, then who, when and what country:
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