

EPIDEMIOLOGICAL DECLARATION

(All patients have to fill this; in case of an unconscious patient, their companion has to fill it)

Patient's data

Name:

Place and date of birth:

Mother's maiden name:

TAJ number:

Permanent address:

Current place of residence:

Phone number:

Companion's data: (in case of an unconscious patient)

Name:

Phone number:

Do you have any acute respiratory illness? Are you experiencing any of the following symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fever (≥ 38 °C) <input type="checkbox"/> Coughing <input type="checkbox"/> Breathlessness
Start of symptom(s): (YEAR. MONTH. DAY.)	
Have you been abroad in the past 14 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes Please list the country/countries you have visited:

<p>Have you been in contact with a person confirmed or suspected of having coronavirus in the past 14 days?</p>	<p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> I live in the same household with a coronavirus patient.</p> <p><input type="checkbox"/> I had personal contact with a coronavirus patient (within 2 metres, longer than 15 minutes).</p> <p><input type="checkbox"/> I have been in closed quarters with a coronavirus patient (within 2 metres, longer than 15 minutes), for example at work, in a classroom, during hospital visits.</p> <p><input type="checkbox"/> I have sat within two seat's distance from a coronavirus patient on a flight OR I have treated a 2019-nCoV patient OR I have travelled on an airplane as staff, working in the sector of the infected person.</p> <p><input type="checkbox"/> I had direct physical contact with a person infected with coronavirus (e.g. shaking hands).</p> <p><input type="checkbox"/> I have been in contact with the phlegm of a coronavirus patient without protective gear (have been coughed on, or touched a used tissue without gloves).</p> <p><input type="checkbox"/> I have taken part in the treatment/care of a COVID-19 patient without the necessary personal protective gear.</p> <p><input type="checkbox"/> I handle COVID-19 samples as a laboratory employee.</p> <p><input type="checkbox"/> I live in the same household with a person who is currently under official quarantine (epidemiological isolation).</p> <p><input type="checkbox"/> I live in the same household with a person who has returned from abroad in the past 14 days.</p>
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I declare under penalty of perjury that the answers provided above are true.

Date:

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Signature of declarant