

EPIDEMIOLOGICAL QUESTIONNAIRE

DATE AND TIME		
FULL NAME		
PESEL NUMBER		
TELEPHONE		
RESIDENCE ADDRESS		
E-MAIL ADDRESS		
 Do you have any symptoms of respiratory infections? O fever O cough O breathing difficulties, problems with inhaling 		
Other symptoms		
2) In the last 14 days, have you been outside Poland or have you been in contact with persons who have returned from abroad? O Yes O No		
3) In the last 14 days, have you been in contact with an individual who has been confirmed as infected with the SARS CoV-2 coronavirus? O Yes O No		
4) Are you currently in quarantine? O Yes O No		
5) In the last 14 days, have you been in contact with a quarantined individual? O Yes O No		
Body temperature measurement:		
		PATIENT'S SIGNATURE

Medicover sp. z o.o. with its registered office in Warsaw. Al. Jerozolimskie 96, 00-807 Warszawa. NIP (Tax Identification Number): 525-15-77-627, paid-up capital: PLN 36,000,000. The company is entered in the Register of Entrepreneurs of the National Court Register at the District Court for the Capital City of Warsaw, 12th Commercial Department of the National Court Register (KRS) under KRS number 0000021314.

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