

EPIDEMIOLOGICAL QUESTIONNAIRE

DATE AND TIME	
FULL NAME	
PESEL NUMBER	
TELEPHONE	
RESIDENCE ADDRESS	
E-MAIL ADDRESS	

1) Do you have any symptoms of respiratory infections?

- fever
- cough
- 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?

- Yes
- 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?

- Yes
- No

4) Are you currently in quarantine?

- Yes
- No

5) In the last 14 days, have you been in contact with a quarantined individual?

- Yes
- No

Body temperature measurement:

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PATIENT'S SIGNATURE