



**Questionnaire for the assessment of suspected SARS-CoV-2 infection**

**Identification data:**

Name \_\_\_\_\_ Surname \_\_\_\_\_

CI / BI / Passport no \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender: M F

Country of origin \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

1. Have you been in contact in the last 7 days with people diagnosed with SARS-CoV-2 virus (COVID-19)?  
YES NO

2. Have you interacted in the last 7 days with people who had shown symptoms associated with SARS-CoV-2 virus infection (COVID-19)?  
YES NO

3. Have you interacted in the last 7 days with people who have been in isolation / quarantine imposed by the authorities?  
YES NO

4. Have you been required to be isolated or quarantined at home by the authorities in the last 7 days?  
YES NO

If SO, please mention the start date and the end date of the isolation / quarantine period: \_\_\_\_\_

5. Have you been hospitalised in the last 7 days? YES NO

If SO, please mention the hospital/ clinic and the date when you were discharged: \_\_\_\_\_

6. Do you currently experience any of the following symptoms?

<b>Fever</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Headache</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Difficulties in breathing</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Difficulties in swallowing</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Intense cough</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Fatigue installed without explanation</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Myalgia (muscle pain)</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Coryza (common cold)</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Anorexia (lack of appetite)</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>



<b>Nausea (vomiting)</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Diarrhea</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Lack of taste or smell</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Altered mental status</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby consent, in accordance with EU Regulation 679/2019 of the European Parliament and of the Council dated April 27th 2016, on the protection of physical personal data with regard to the processing of personal data and on their free movement.

**INFORMATION:**

In order to prevent contamination with the new SARS-CoV-2 coronavirus during the alert period, please fill in the above questionnaire.

The requested information is processed in accordance with the provisions of Regulation no. 679/2016 on the protection of individuals with regard to the processing of personal data and the free movement of such data ("Regulation"), in strict compliance with the principles of fundamental rights, for public health purposes, having as legal basis the protection of the vital interest of the person concerned or of other natural persons [art. 6, para. (1), letter. d) of the Regulation]. The persons whose personal data are processed have the right to exercise their rights of modification, intervention and opposition, through a signed, dated and written request addressed to the data operator.

- I understand that the refusal to complete the questionnaire makes it impossible to access the requested medical service, in order to eliminate any threats to public health of patients and staff of Medsana Medical Center, as well as any further contact with them.
- I understand that the information provided may be transmitted to, consulted and processed by the Bucharest Public Health Authority, in consultation with the designated Romanian authorities who do not have competences in the field of public health and emergency / crisis management.
- I have taken note and am aware of the information provided here and its importance.
- I declare that all the answers provided to the above questions fully correspond to my current situation.
- I took note that non-compliance with measures regarding the prevention or control of infectious diseases is sanctioned according to art. 352 of the Criminal Code (Failure to combat diseases) and art. 34 letter m) of the Government Decision no. 857/2011 regarding the establishment and sanctioning of contraventions to the norms in the field of public health, with the subsequent modifications and completions.

I declare on my own responsibility that the above mentioned are real.

Date \_\_\_\_\_

Signature \_\_\_\_\_