



EPIDEMIOLOGICAL SURVEY

In the case of children's visits, the child's guardian completes two surveys: her/his own and on behalf of the child.

NAME	
ID NUMBER	
DATE	
BODY TEMPERATURE	

Underline the correct answer:

1. In the last 24 hours, have you experienced symptoms of infection (cough, fever, sore throat, shortness of breath, sudden loss of smell or taste, or other nonspecific)?

YES / NO

2. Are you currently under quarantine / syndromic surveillance / home insulation?

YES / NO

3. In the last 14 days, have you had contact with a person who was confirmed or suspected to be infected with the SARS Cov-2 coronavirus?

YES / NO

Patients under quarantine or with symptoms of infection may only be admitted by teleconsultation

PATIENT STATEMENT

Being aware of the epidemiological threat and the consequences of providing false information and aware of the importance of the safety of medical personnel, I declare that the information provided by me is true/consistent with my the current state of knowledge.

I undertake to immediately inform CM Babka Medica in case of learning about circumstances which may affect the safety of medical personnel and patients who come into contact with these personnel.

.....
Patient / Guardian signature