



QUESTIONNAIRE FOR THE EPIDEMIOLOGICAL SCREENING

No.	QUESTION	YES	NO
1.	Have you been in contact with people diagnosed with SARS-CoV-2 virus (COVID-19) in the last 14 days?		
2.	Have you interacted in the last 14 days with people who have shown symptoms associated with SARS-CoV-2 virus infection (COVID-19)?		
3.	Have you interacted in the last 14 days with people who have been in isolation / quarantine imposed by the authorities?		
4.	Have you been required to be isolated or quarantined at home by the authorities in the last 14 days?		
5.	Have you had any of the following symptoms in the last 14 days?		
	- fever		
	- cough		
	- difficulty in breathing		
	- chills		
	- muscle pain		
	- headache		
	- sore throat		
	- nausea, diarrhea, vomiting		
- loss of taste or smell			
6.	Do you suffer of other acute/chronic diseases? (please detail)		
	<p>I took note of the fact that non-compliance with the measures regarding the prevention or control of infectious diseases is sanctioned according to art. 352 of the Criminal Code and art. 34 lit. 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.</p> <p>Name and surname:</p> <p>Date:</p> <p>Signature:</p> <p style="text-align: right;">BODY TEMPERATURE:</p>		

