

QUESTIONNAIRE FOR THE EPIDEMIOLOGICAL SCREENING

YES NO

Have you been in contact with people diagnosed with SARS-CoV-2 virus (COVID-19) in the last 14 days?

Have you interacted in the last 14 days with people who have shown symptoms associated with SARS-CoV-2 virus infection (COVID-19)?

Have you interacted in the last 14 days with people who have been in isolation / quarantine imposed by the authorities?

Have you been required to be isolated or quarantined at home by the authorities in the last 14 days?

Have you had any of the following symptoms in the last 14 days?

fever

cough

difficulty breathing

chills

muscle pain

headache

sore throat

nausea, diarrhea, vomiting

loss of taste or smell

Faculty / Year / Group

On-site teaching activities that you will participate in on the date of completion:

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.

The document will be saved with the name and surname of the student, and will be sent to the email address: chestionarepidemiologic@umfst.ro

Name and surname:

Completion date: