HEALTH QUESTIONNAIRE AND FIT TO TRAVEL STATEMENT

First name and last name……
Social Security (PESEL)……
Adress……
Phone number……
Email adress……

Have you had contact with a person who hat been suspected or suspected of SARS-CoV-2 infection in the last 14 days?

YES ☐ NO ☐

Have you been outside Poland in the last 14 days?

YES ☐ NO ☐

Have you had any of these symptoms in last 14 days?

Cough	YES	☐	NO	☐
Fever	YES	☐	NO	☐
Dysponea, breathing problems, Shortness of breath?	YES	☐	NO	☐
Sweating, but not fever	YES	☐	NO	☐
Sore throat	YES	☐	NO	☐
Headache	YES	☐	NO	☐
Streaming nose	YES	☐	NO	☐
Swallowing difficulties	YES	☐	NO	☐
Diarrhoea	YES	☐	NO	☐
Muscle aches	YES	☐	NO	☐
Chest/lung pain	YES	☐	NO	☐
Pneumonia	YES	☐	NO	☐

Are you under the supervision of sanitary services

YES ☐ NO ☐

I find that the patient did not report any health complaints that could indicate coronavirus and is fit to travel

……	……	……
CLINIC	DATE	EXAMINING PHYSICIAN