

.....
date

QUESTIONNAIRE

Surname and name:

PESEL or date of birth: /

Phone number:

1. During the last 10 days, have you had contact with a person confirmed to be infected with the SARS CoV-2 virus?

- Yes
 No

2. Is your child or someone in your household currently under epidemiological surveillance (quarantine)?

- Yes
 No

3. Are you or any of your household members currently experiencing symptoms of infection (fever, cough, runny nose, rash, muscle pain, sore throat, other unusual)?

- Yes
 No

4. Are you currently or in the last 10 days, there occurred the above mentioned symptoms in someone in your household?

- Yes
 No

5. Have you been through COVID-19?

- Yes
 Nie

If Yes, please provide the date of the first symptoms

I declare that the above data is true and I am aware that concealing important information related to the coronavirus exposes me to civil liability (for damages), and if it turns out that I am sick - also to criminal liability.

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signature