SARS-CoV-2 CONTACT/INFECTION QUESTIONNAIRE

Please, complete the following questionnaire and mark the appropriate boxes.

Full name	
Passport – number, date and place of issue	
Citizenship	
Full address in Lublin/Poland	
Where else may have you lived (or stayed) during the past month?	
Phone number	
E-mail address	
Do you live alone?	□ Yes □ No
In case of a shared household, please, provide the names of roommates, their phone numbers and email addresses	1) 2) 3)
Have you experienced any of the following symptoms within the last 24 hours: a/ Cold symptoms, e.g. runny nose, sore throat b/ Temperature above 38°C	 ☐ Yes ☐ No ☐ Yes ☐ No
c/ Cough	□ Yes □ No
d/ Shortness of breath	□ Yes □ No
e/ Sore throat	□ Yes □ No
f/ Symptoms of conjunctival irritation or inflammation (redness, itching etc.)	☐ Yes ☐ No
g/ Loss of/distorted sense of smell or taste	□ Yes □ No
h/ Diarrhea	□ Yes □ No
i/ Muscle pain	□ Yes □ No

Were you tested positive for the infection with SARS-CoV-2?	☐ Yes □ No
If yes, please, provide the date	☐ Date of receiving a positive test result
Have you been in contact with a person who was	□ Yes
tested positive for SARS-CoV-2 infection or with anyone with symptoms of Covid-19?	\square No
If yes, please, provide the date	☐ Date of contact
How long was the time of contact with the SARS-	
CoV-2-infected person?	
What was the distance between you and the SARS-	
CoV-2-infected person?	
Did you wear a face mask or a face shield during	
the above contact?	
Please, provide the name and contact details of the	
person who may receive the information about you,	
in case of emergency (name, phone number)	
Lublin, date	Signature