**CORONAVIRUS INFECTION STATEMENT**

**Dear Customer,**

**As a health care provider, we are required to make preliminary epidemiological measures. In addition, we pay particular attention to the health status of both of our patients and health care staff participating in healing. Thus, – taking the recommendations of public health and data protection authorities into account – due to the increased risk of coronavirus infection within health care institutes, we would like to detect patients infected by coronavirus or those potentially carrying such infections. Taking the above mentioned into account, please, fill in the questionnaire and hand it to your doctor at the beginning of your examination. We provided information on the processing of your personal data in the privacy information leaflet.**

**Thank you for your cooperation!**  **Buda Health Center**

**Name**:………………………………………………………...… **Date of birth**:………………………………............................................

**Social security number:** ……………………………....... **Address**:……………………………………………………..……………….…

**Have you noticed any of the following symptoms as NEW symptoms in the past 7 days?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Symptoms** | **Yes** | **No** |
| 1 | fever higher than 37.5°C |  |  |
| 2 | coughing as a new symptom (except for symptoms caused by pre-existing chronic diseases eg. asthma, allergies) |  |  |
| 3 | sudden shortness of breath as a new symptom |  |  |
| 4 | sudden diarrhoea and/or vomiting as a new symptom (except for symptoms caused by pre-existing chronic diseases) |  |  |
| 5 | loss of smell and/or taste as a new symptom |  |  |
| 6 | sudden joint pain and/or muscle pain occurring as a new symptom throughout the body |  |  |

**I declare that the above information is accurate.**

**Date: ……………………………………** **…………………………………………………**  **signature**

***To be filled out by the staff!***

Body temperature measured upon entry: …………….………………………. °C