

Health Screening Form (COVID-19 coronavirus)

1. Surname	2. First Name	3. Sex
4. Date of Birth	5. Nationality / Country(ies) visited before entering our country	
6. Place of Work	7. Date of Declaration	8. Country(ies) visited within two weeks before date of declaration
9. Have you experienced the following symptoms in the past two weeks? (Check items as appropriate.)	Yes	No
a. Fever		
b. Difficult Breathing / Shortness of Breath		
c. Cough		
d. Rheum		
e. Sore Throat		
f. Depression / Discomfort		
10. Have you had contact with someone known to be infected with the coronavirus in the past two weeks?		
11. Do you have a drip infection disease?		
12. ID Card or Passport Number:		

Date:

Signature: