

DECLARATION QUESTIONNAIRE

Name and Surname of adult visitor and of all children travelling with you who are under 18 years old

Contact telephone number for the next 14 days after visit _____

Within the past 14 days have you or has any person listed above:

- Presented sudden onset of symptoms of fever or cough or difficult in breathing? YES NO
- Is your body temperature above 37,5° YES NO
- Had close contact with anyone diagnosed as having coronavirus COVID-19? YES NO
- Visited any risk zones identified by WHO ? YES NO
- Provided care for someone with COVID-19 or worked with a health care worker infected with COVID-19? YES NO
- Visited or stayed in close proximity to anyone with COVID-19 ? YES NO
- Worked in close proximity to or shared the same classroom environment with someone with COVID-19? YES NO
- Travelled with a patient with COVID-19 in any kind of conveyance? YES NO
- Visited or stayed in Spain, Greece, Malta, Croatia? YES NO
- Lived in the same household as a patient with COVID-19? YES NO

Very important!

The use of a surgical mask during the visit is mandatory

Rome,

Signature
