

**Questionnaire on employee´s health status prior to return to work**

(COVID-19 Disease caused by SARS-CoV-2 Coronavirus)

Name, surname, degrees:

Position:

I hereby declare that I:

suffer from higher temperature (above 37 °C) ........................................... YES NO

suffer from a sore throat ............................................................................. YES NO

have a headache ........................................................................................ YES NO

have any difficulties with breathing ............................................................. YES NO

have a cough .............................................................................................. YES NO

suffer from an unusual tiredness ................................................................. YES NO

Date: ............................................

signature

The questionnaire has to be filled in by every employee prior coming back to work. If the employee suffers from any of the aforementioned symptoms, they have to refer to their superior immediately and leave the workplace for home. Subsequently, the employee informs via a phone their physician who decides on further procedures regarding the employee´s health difficulties and anamnesis.

This questionnaire on employee´s health status is in force until the end of SARS CoV-2 Coronavirus pandemic and COVID-19 Disease and will be archived in compliance with GDPR legal regulations at the Faculty in its written or electronic form.