

## Questionnaire on health status

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

Name, surname, degrees:

Employer:

Reason of STU MTF visit:

Contact person at STU MTF:

Date of birth:

Permanent address:

Contact (phone number or email address):

### I hereby declare that:

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

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

I have a headache ..... YES NO

I have difficulties with breathing ..... YES NO

I have a cough ..... YES NO

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

I have been in contact with a COVID-19 Disease positively tested person in last 14 days  
..... YES NO

In last 14 days I have visited a country with which the Slovak Republic has a limited regime  
on boundaries..... YES NO

**I am aware of consequences following from untrue or misleading data stated in this questionnaire on my health status and hence possible consequences in terms of the Slovak legislation in force.**

Date: .....

Signature

The questionnaire has to be filled in by every person prior they enter the STU MTF workplace. If the person suffers from any of the aforementioned symptoms, they will not be allowed to enter the STU MTF premises.

This questionnaire on health will be 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 in its written or electronic form.

STU MTF commits that the personal data provided will be used exclusively for the purposes of epidemiological investigation, and in compliance with the Regulation of the Public Health Authority of the Slovak Republic is obliged to provide the data to the Public Health Authority and Regional Public Health Authority upon written request. These personal data will be archived for the period of 30 days from the day of their provision, and after this time period they will be shredded and destroyed.