Agram
SPECIJALNA BOLNICA

EPIDEMIOLOGICAL QUESTIONNAIRE

Dear / s,

please complete this questionnaire in accordance with your knowledge and good conscience for the purpose of early detection of respiratory infections caused by SARS CoV-2.

A. HAVE YOU BEEN TESTED FOR THE SARS-CoV-2 VIRUS? YES ☐ NO ☐

1. If YES, what type of testing:
   - i. ☐ serology (IgA / IgG / IgM Antibody test)
   - ii. ☐ rapid antigen test
   - iii. ☐ PCR test
2. When:_____
3. With what test outcome:_____

B. SYMPTOMS

1.	Do you currently have a cold (runny nose, sore throat, etc.)?	YES ☐	NO ☐
2.	Do you cough, or do you have other respiratory problems?	YES ☐	NO ☐
3.	Do you have shortness of breath?	YES ☐	NO ☐
4.	Do you have a fever?	YES ☐	NO ☐
5.	Do you feel weak or tired?	YES ☐	NO ☐
6.	Have you noticed reduced or lost sense of taste and/or smell?	YES ☐	NO ☐
7.	Do you have nausea, vomiting and/or diarrhea?	YES ☐	NO ☐

C. RISK AND CONTACTS

1. Have you traveled outside the borders of the Republic of Croatia for the last 14 days? YES ☐ NO ☐
   - i. If YES, where and for how long?_____
2. Have you had contact with a person who has been diagnosed with a new coronavirus (SARS-CoV-2) in the last 14 days? YES ☐ NO ☐

D. SWAB TEST:

Date: ____/____ /2021. at____:____ am/pm

ADDITIONAL FINDINGS IN: ☐ *english* ☐ *german* ☐ *italian* LANGUAGE.

PCR - possible options engl, germ, tal, ANTIGEN - possible option engl

PLEASE FILL IN **CAPITAL LETTERS!**

NAME AND SURNAME		F ☐	M ☐
BIRTH DATE		OIB:	
ADDRESS		PLACE OF RESIDENCE	
PHONE CONTACT		*Signature::*	
EMAIL	**PLEASE COMPLETE IN CAPITAL LETTERS EVEN IF YOUR EMAIL ADDRESS IS WRITTEN IN SMALL LETTERS**	*Location:*_____ *Date:*_____	

By signing, I agree that my personal data may be used in accordance with the General Data Protection Regulation (GDPR) in accordance with the Information on Data Processing which is an integral part of this questionnaire.

CONSENT – APPROVAL OF PERSONAL DATA PROCESSING

I hereby state that I have read and understood the text "Information on Data Processing", and that I approve of Special Hospital AGRAM using my personal data for the purposes of its basic activity.

/ I agree that my personal data can be stored in Special Hospital AGRAM's system.

YES ☐ NO ☐

/ I agree that my medical test results can be sent to the following e-mail address_____@_____

YES ☐ NO ☐

/ I have been acquainted with the right and manner of withholding the given approval at any time.

YES ☐ NO ☐

name and surname, signature

OIB / ID document (number)

If necessary, we will forward your personal data to third persons, but exclusively for the purposes of providing medical services and in the cases foreseen by law. Your data shall be processed confidentially and in accordance with the General Data Protection Regulation, their purpose and the regulations in force.

** Special Hospital AGRAM shall use the data collected via this Form for the exercise of data subject rights in accordance with the General Data Protection Regulation (EU 2016/679) and for responding to*