

COVID-19 TESTING QUESTIONNAIRE

Respiratory Fever Gastrointest	problems - cough, shortness in all problems - nausea, di ue, feeling weak, loss of ta	ess of breath, runr iarrhea, vomiting aste or smell		roat			
		german sossible option english languag		lan	guage.		
Name and surname					M	F	
Birth date			OIB				-
Address			City				
Phone contact			Place of reside	nce			
Email	Please fill in capital letters	write z	ero as Ø	write	the 'underscore	'as =	
I hereby state that I Special Hospital AG If necessary, we we medical services and the General Data Pr ✓ I agree that my ✓ I agree that my ✓ YES NO	medical test results can b	od the text "Inform data for the purpole al data to third p y law. Your data strong red in Special Hospote sent by e-mail and manner of withh	ses of its basic a ersons, but exc nall be processe regulations in fo ital AGRAM's sys	elusive ed consorce.	y. oly for the p fidentially a	purposes of and in accor	f providing
Place	I	Date//	2022. Signat	ure			

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)