**PRETRIAGE QUESTIONNAIRE FOR STUDENTS ENTERING THE DEPARTMENT OF ANATOMY IN ORDER TO PARTICIPATE IN DISSECTION CLASSES OR PARTIAL EXAMINATIONS**

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| **Name of student** |  |
| **Full address in Budapest**  |  |
| **Phone** |  |
| **E-mail address** |  |
| **Date of birth (YYYY.MM.DD)** |  |
| **Faculty/Course/Group No** |  |
| **I have experienced the following symptoms (please tick accordingly)**Dry coughDyspnoeFeverChills, shiversMuscle painSore throatRecent loss of the senses of smell or tasteVomiting and/or diarrhea | yes ☐ no ☐yes ☐ no ☐yes ☐ no ☐yes ☐ no ☐yes ☐ no ☐yes ☐ no ☐yes ☐ ne ☐yes ☐ no ☐ |
| Please declare if you have been in close contact with a person confirmed/suspected to be infected by the new coronavirus preceding the emergence of your symptoms.Have you been involved in volunteer work outside the preises of the Semmelweis University (i.e. nursing home, homeless shelter etc.)? | yes ☐ no ☐yes ☐ no ☐ |
| **Please tick as appropriate!**1. I have spent the entire period of the pandemic lockdown in Hungary and/or I have spent the last 14 days in Hungary ☐

OR1. I have a negative SARS-CoV-2 PCR test to be shown upon entering the building ☐
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| With respest to criminal/legal liability I declare that the above answers are true. I understand and promise to comply with the rules and regulations upon entrance to the Department of Anatomy and during participation in the dissection classes/examinations (i.e., wearing a masks all time, keeping social distance and follow the instructions for hygiene standards).Budapest, 2020. ……………………………………..  signature of student |