

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

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 cough	yes <input type="checkbox"/> no <input type="checkbox"/>
Dyspnoe	yes <input type="checkbox"/> no <input type="checkbox"/>
Fever	yes <input type="checkbox"/> no <input type="checkbox"/>
Chills, shivers	yes <input type="checkbox"/> no <input type="checkbox"/>
Muscle pain	yes <input type="checkbox"/> no <input type="checkbox"/>
Sore throat	yes <input type="checkbox"/> no <input type="checkbox"/>
Recent loss of the senses of smell or taste	yes <input type="checkbox"/> ne <input type="checkbox"/>
Vomiting and/or diarrhea	yes <input type="checkbox"/> no <input type="checkbox"/>
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.	yes <input type="checkbox"/> no <input type="checkbox"/>
Have you been involved in volunteer work outside the preises of the Semmelweis University (i.e. nursing home, homeless shelter etc.)?	yes <input type="checkbox"/> no <input type="checkbox"/>
Please tick as appropriate!	
A) I have spent the entire period of the pandemic lockdown in Hungary and/or I have spent the last 14 days in Hungary <input type="checkbox"/>	
OR	
B) I have a negative SARS-CoV-2 PCR test to be shown upon entering the building <input type="checkbox"/>	
With respect 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