**DATA SHEET**

for testing with SARS-CoV-2 antigen rapid test (hereinafter: rapid test)

Date of testing with the rapid test method: ......................................... 2021

Place of testing: Faculty of Dentistry, Training Centre

**Student** participating in testing with the rapid test method (**hereinafter: student**)

**TAJ (social security) number:**

**Name** (given name, family name)**:**

**Place and date of birth:**

**Mother's name:**

**Telephone number:**

**E-mail address:**

**Address of residence:** (postal code, city, street name and suffix, street number/floor/door)

**Name of employer institution:** Semmelweis Egyetem Fogorvostudományi Kar

**Address of employer institution:** 1085 Bp. Üllői út 26.

**Occupation:** Student of dentistry

By signing this form the employee confirms that he/she **voluntarily consented / did not consent** (underline as appropriate) to the performance of this test.

The employee acknowledges that a data sheet will be filled out with the data of the performance of testing with the rapid test and its result, in two copies. One copy of the data sheet shall be handed over to the employee undergoing testing, while the other one shall be handed over by the persons performing the test to the Budapest/county chief medical officer for the purposes of their duties.

The employee acknowledges that in the case of a **positive test result** they must immediately notify their general practitioner who in turn shall record and check the positive result in the relevant information system (Országos Szakmai Információs Rendszer (OSZIR)) in accordance with the procedure issued by the National Public Health Centre.

Please be informed that pursuant to Section 2 of Act CIV of 2020 on Laying Down Certain Rules Relating to Epidemiological Measures and on the Amendment of Certain Acts Relating to Epidemiological Measures and in view of Government Decree 408/2020. (VIII. 30.) concerning restrictions on travelling to Hungary during the state of pandemic preparedness (hereinafter: Government Decree)

**from .......... ........................ 2021**

you must stay in official home quarantine until such date as will be prescribed by your general practitioner or the public health department having competence in the territory concerned. **You shall access the quarantine apartment through the shortest possible route.**

**You shall inform your own general practitioner and your employer of the fact of the performance, and the result, of the COVID-19 AG rapid test carried out today, by telephone.**

In case you do not live alone in the quarantine apartment, you shall use your best efforts to keep separated from other members of your family (provided they have not been infected yet) and wear a mask even indoors. Use separate personal effects and household objects, and such objects disinfected with chlorine containing disinfectants.

The most common symptoms of the disease include high fever, sickness, dry cough, head ache, rapid pulse. High fever alone will cause sickness. Make sure to have suitable febrifuge medication at hand, drink profusely and rest as much as possible.

Have the contact details of your general practitioner or the general practitioner duty service and possibly the ambulance at hand, in case your condition deteriorates. When asking for help make sure to mention that you have contracted the coronavirus and that you have been staying quarantined in your home so far.

Dated: Budapest, ....................... 2021

Employee’s signature:

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To be filled out by the person taking sample:

Result of testing with the rapid test method: **NEGATIVE**   **/   POSITIVE** (underline as appropriate)

Dated: Budapest, ....................... 2021

Signature of person performing the test: ...................................................

Copies to: 1) Employee

2) Administrative employee