

### Questionnaire and statement

#### for those coming from countries affected by the new coronavirus (nCoV)

In which countries did you stay in the last 21 days? (All countries to be indicated, including date of departure)

|  |                          |
|--|--------------------------|
| China, Vietnam, South Korea, etc.<br>Which city: | Date of Departure: _____ |
|  | Date of Departure: _____ |
|  | Date of Departure: _____ |
|  | Date of Departure: _____ |

Have you ever suffered from the new coronavirus (nCoV) disease?

|                              |
|------------------------------|
| Yes Date of diagnosis: _____ |
| No                           |

Have you been contacted with someone suffering from or suspected to suffer from the new coronavirus (nCoV) infection?

|                                |
|--------------------------------|
| Yes Date of last contact: ____ |
| No                             |

Have you received any treatment for your health in the countries listed above in the last 21 days?

|  |
|--|
| Yes Date and reason for treatment: _____ |
| No                                       |

Have you been hospitalized in the last 21 days in the countries listed above?

|  |
|--|
| Yes Date and reason for treatment: _____ |
| No                                       |

Have you visited a live animal market in the Far East in the last 3 weeks? All types of contact with animals should be considered (eg care, consumption, preparation) whether live or dead.

|                                  |
|----------------------------------|
| Yes Date and contact type: _____ |
| No                               |

Did any of the symptoms listed below occur, please include the date the symptom occurred:

#### **Fever:**

|                                  |
|----------------------------------|
| Yes Date of symptom onset: _____ |
| No                               |

#### **Runny nose:**

|  |                                  |
|--|----------------------------------|
|  | Yes Date of symptom onset: _____ |
|  | No                               |
| <b>Sore throat:</b>  |                                  |
|  | Yes Date of symptom onset: _____ |
|  | No                               |
| <b>Joint / Muscle Pain:</b>  |                                  |
|  | Yes Date of symptom onset: _____ |
|  | No                               |
| <b>High fever over 38C:</b>  |                                  |
|  | Yes Date of symptom onset: _____ |
|  | No                               |
| <b>Shortness of breath and difficulty breathing:</b>   |                                  |
|  | Yes Date of symptom onset: _____ |
|  | No                               |
| <p>I hereby certify that the contents of the above statement are true<br/> and<br/> in the event of the onset of any of the symptoms listed above (along with the case of a sudden onset of high fever), I immediately notify the designated person.</p> |                                  |
| Place, date  | Signature                        |
| Designated person and their contact information  |                                  |
| Name   |                                  |
| Phone number   |                                  |
| Address  |                                  |