

Coronavirus Student Questionnaire and Statement

Name:.....

Group:

Neptun code:

- Have you been tested for coronavirus in the last 10 days? **Yes/No**

If so, where, when and with what results?

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- In the last 10 days, have you had any illness with fever, subfebrility, cough, shortness of breath, vomiting, diarrhea? **Yes/No**

- Have you been in close contact with a coronavirus positive person within 10 days, or who have since become COVID-19 positive, or are in quarantine, or have COVID-19-specific symptoms? **Yes/No**

I, the undersigned, declare that I do not have or have had the following symptoms in the previous three days: cough, dyspnoea, fever, chills, muscle aches, sore throat, newly developed taste or smell disorder, vomiting, diarrhea or, if these symptoms occur, I stay at home and I will notify my GP.

If you are staying at home, please contact the study coordinator electronically regarding your education.

Date:

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signature