

In connection with the pandemic spread of the coronavirus COVID-19 in the world and the resulting risk of mass infection in Estonia, please answer the following questionnaire:

1. Do you have:

SYMPTOM	YES	NO
Fever		
cough		
tiredness		
phlegm		
Breathing difficulties		
Sore throat		
Headache		
Muscle and joint aches		
Seizures/cramps		
Nausea and vomiting		
nasal congestion		
Loss of smell and taste		
diarrhea		

2. In the last 14 days, have:

ACTIVITY	YES	NO
You been on a trip / work / business trip in any country outside the Republic of Estonia		
Your close family member or relative been on a trip / work / business trip in any country outside the Republic of Estonia		
you have been exposed/ in contact with a patient with a confirmed / probable COVID-19 infection		

I hereby certify that the above information is true and that I have not intentionally omitted information requested in the questionnaire.

Patient

Patient name: _____ Date: __/__/____ Signature: _____

NB: Pursuant to the Infectious Diseases Prevention and Control Act of the Republic of Estonia (§ 47), failure to provide information related to infectious diseases in a timely manner will result in penalizing by a fine of up to 50 fine units.