

EPIDEMIOLOGICAL QUESTIONNAIRE FOR MILITARY PERSONNEL (SOLDIERS, CIVILIAN PERSONNEL, CONTRACTORS) ARRIVING FROM

COUNTRIES AFFECTED BY THE COVID-19 – VERSION (A)

1. Rank, name, surname:.....,
2. National personal number/DoD ID#:.....,
3. Date of birth (DD/MM/YYYY):.....,
4. Address (in Poland), unit, phone number:,
5. Where have you been within last 14 days? (China, India, South Korea, Iran, Italy, others):.

L.p.	Location (country)	Time		Remarks
		From (DD/MM)	To (DD/MM)	

6. Type of service (i.e. medical personnel, civil-military cooperation etc.).....
.....
7. Have you (or you family member or colleague) been in contact within last 14 days with person having probable or confirmed COVID-19 case (date of last(DD/MM) contact, circumstances etc.):.....
.....
8. Do you have or did you have any of the following symptoms?(if yes please indicate the date of onset)
 - 1) fever (above 38°C/100,4 F)
 - 2) cough.....
 - 3) shortness of breath.....
 - 4) sore throat.....
 - 5) acute respiratory distress syndrome.....
 - 7) loss of smell and taste

9. Other signs and symptoms:
.....

.....
.....

10. Have you been tested for the presence of coronavirus

• **PCR test:**

No Yes Date of test (DD/MM/YYYY) :.....

Result: negative positive

• **antigen test**

No Yes Date of test (DD/MM/YYYY) :.....

Result: negative positive

• **serological test**

No Yes Date of test (DD/MM/YYYY) :.....

Result: negative positive

11. Hospitalization:

Have you been hospitalized due to COVID-19 disease suspicion?:

If yes: Hospital....., Country, town

Date of Admission

Isolation– fromto.....

Intensive care unit: No Yes

12. Quarantine:

No Yes (DD/MM/YYYY) from..... to.....

13. COVID-19 Vaccination

No Yes vaccine producer

First dose(DD/MM/YYYY)Second dose(DD/MM/YYYY)

14. Other important information.....

.....

(date)

(rank, signature)

**Please send the document via email to:
hns.zasoby@ron.mil.pl**