

EPIDEMIOLOGICAL QUESTIONNAIRE

USED TO MONITOR POSITIVE/SUSPECTED CASES ON COVID-19

1. Personal data

	Rank, name, surname:			
	Passport number / National ID number			
	Date of birth / PESEL			
	Address (in Poland) (town, street, flat, post code)			
	Planned place to stay for next 30 days			
	Phone number, e-mail			
	Data of household members	name, surname	Date of birth	Phone number
Unit/Institution, phone no.				
Superior rank, name and surname, phone number				
j.	Male <input type="checkbox"/>	Female <input type="checkbox"/>		

2. Where have you been within last 14 days:

Lp.	Place (country)	Date		Remarks
		from (DD/MM)	to (DD/MM)	

3. Have you (or your family member or colleague) been in contact within last 14 days with person having probable or confirmed SARS-CoV-2 case (date of last contact, circumstances etc.)?

NO If YES write date of last contact, circumstances etc.

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4. Date of the first symptoms

5. Last day at work / duty

6. Do you have or did you have any of the following symptoms in last 14 days ?:

- 1.fever (above 38°C/100,4 F) NO YES
- 2.cough NO YES
- 3.shortness of breath NO YES
- 4.sore throat NO YES
- 5.acute respiratory distress syndrome NO YES
- 6.loss of smell and taste NO YES

7. Other signs such as influenza like symptoms

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8. Have you been tested for the presence of coronavirus SARS-CoV-2:

• **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

• **serologic screening**

NO YES Date of test (DD/MM/YYYY):
Result:

9. Isolation/hospitalization:

Have you been isolated/hospitalized due to COVID-19 infection: NO YES
If YES: Hospital/Isolators, country,
City
Date of admission (DD/MM/YYYY)
Isolation from to
Intensive care staying: NO YES

10. Quarantine:

NO YES (DD/MM/YYYY) from to

11. Vaccination against SARS-CoV-2:

YES NO Last vaccine producer:
1st Doze (DD/MM/YYYY): 2nd Doze (DD/MM/YYYY):
Booster (DD/MM/YYYY):

12. Other important information (yours contacts, participations in events, meetings):

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.....
.....

(date)

(signature)

WHEN FILLED send the document via email to: mncne.jmeddiv@mncne.nato.int