

COVID-19 QUESTIONNAIRE

Upon recommendation of the Chief Sanitary Inspector, caring for your and University staff safety, you are kindly requested to answer the following questions:

1. Have you stayed out of the country within the last 14 days? YES / NO
2. Has anyone you are sharing housing with stayed out of the country within the last 14 days? YES / NO
3. Are you or anyone you are sharing housing with currently under epidemiological supervision (quarantined) YES / NO
4. Are you currently experiencing any infection symptoms (fever, cough, running nose, rash, muscle pain, sore throat, other unspecific symptoms)? YES / NO
5. Is anyone you are sharing housing with currently experiencing or has experienced the above mentioned symptoms within the last 14 days? YES / NO
6. Do you have any recent loss of taste and smell? YES / NO

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Date:

student` s signature

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