

PLEASE FILL IN USING CAPITAL LETTERS AND MARK WITH 'X' IN SUITABLE SQUARES

.....
First name and last name

.....
PESEL number / passport number

.....
Phone number

.....
Address

QUESTIONNAIRE RELATED TO EPIDEMIOLOGICAL SITUATION

Are you currently quarantined? YES NO

During the last 14 days:

■ have you been outside Poland? YES NO

(if yes, how many days ago: in which country:)

■ have you had a contact with a person with a confirmed SARS CoV-2 infection? YES NO

■ have you had a contact with a person, who is currently quarantined? YES NO

■ have you had symptoms of respiratory and / or digestive tract infections? YES NO

Do you have any of the symptoms listed below:

■ fever above 38 °C YES NO

■ muscle aches YES NO

■ cough YES NO

■ feeling short of breath – difficulty in taking a breath YES NO

■ smell and / or taste disturbances which have occurred in the last 14 days YES NO

■ diarrhea YES NO

I acknowledge that providing personal data is obligatory, which results from the act on the rights of the patient and the Patient's Rights Ombudsman and the Act on the information system in health care.

PART FILLED IN BY A MEDICAL EMPLOYEE

Temperature°C

.....
Medical employees signature

.....
Date and Patient's / legal guardian's signature

Legal basis: art. 9 item 2 letter i) GDPR and art. 17 of the Act of March 2, 2020 on special solutions related to the prevention, prevention and eradication of COVID-19, other infectious diseases and crisis situations caused by them.

Applying today for a medical consultation / other specialist consultation, I declare that:

1.

The information I provide to the doctor / specialist / medical staff regarding my health condition and medical history, including the responses to the Questionnaire on the previous page, is consistent with my to the best of their knowledge, true and complete. I have not concealed any relevant information and have not included any misleading statement. I understand that providing incomplete or false data may cause unnecessary risk for me, other visitors and staff.

2.

I am aware that a visit at this facility in an epidemiological situation is associated with an increased risk of infection with SARS CoV-2 coronavirus.

Information clause

The administrator of personal data provided in this statement for the purposes of providing services medical is Romana Borkowska running a business under the name ALERGO-MED Poradnia Specjalistyczna. Personal data will be processed in connection with:

- contact with authorized persons indicated by the Patient (consent is voluntary);
- contacting the patient or the patient's legal guardian by phone, sms or e-mail (consent is voluntary);
- granted consent to send results of laboratory / diagnostic tests electronically (consent is voluntary);

In all matters related to the processing of personal data, you can contact the Data Protection Officer at address: iod@alergo-med.com. The personal data obtained may be transferred to other entities in specific cases in the information obligation arising from art. 13 GDPR, which is available on information boards in ALERGO-MED clinics and on the clinic's websites (alergo-med.com and badaniaIotniczolekarskie.pl).

- I have been informed about the right to access the content of the above data and the right to correct, update, topping up and deleting. I have read the information obligation arising from art. 13 GDPR.**

.....
Date and Patient's / legal guardian's signature