



Epidemiological declaration for MRW 2020 participants

Taking care of your health is our number one priority.

1. Are you or any of your household members currently under epidemiological surveillance (quarantine)? YES/ NO *

2. Are you currently experiencing symptoms of infection (fever, cough, runny nose, rash, muscle aches, sore throat, other unusual)? YES/ NO *

3. Have any of the above symptoms appeared in your household recently? YES/ NO *

4. I got acquainted and accept *Safety rules and regulations during COVID-19 pandemic -MRW 2020*

5. If you suddenly develop symptoms of a respiratory infection (with at least one of the symptoms being fever, breathing difficulties or cough), and if you have been in close contact with a confirmed or probable COVID-19 case in the last 14 days, call a poviát sanitary and epidemiological station immediately or go to the nearest hospital with an infectious diseases ward, while avoiding public transport

NFZ Hotline: 800 190 590

Name and Surname

Telephone

E-mail

Date.....

Signature.....

* circle the correct answer