STUDENTS DAILY SORTING QUESTIONNAIRE FOR UNIVERSITY / CLINIC ENTRANCE
In the last 14 days:

1	Have you come in contact with suspicious or confirmed COVID 19 people?	□Yes	□ No
2	Have you come in contact with people with fever or respiratory symptoms?	□Yes	□ No
3	Have you come in contact with people in solitary confinement or quarantine?	□Yes	□ No
4	Have you received a recommendation for quarantine or home isolation from the authorities?	□Yes	□ No
5	You have one of the following symptoms:		
	- fever	□Yes	□ No
	- cough	□Yes	□ No
	- dispnea	□Yes	□ No
	- sore throat	□Yes	□ No
	- coryza	□Yes	□ No
	- asthenia, headache	□Yes	□ No
	- myalgia	□Yes	□ No
	- anorexia / nausea / vomiting, diarrhea	□Yes	□ No
	- loss of smell or loss of taste	□Yes	□ No

Knowing the provisions of art. 326 of the Criminal Code regarding the false statements and art. 352 of the Criminal Code regarding the failure to fight diseases, I declare on my own responsibility that all the information provided in the questionnaire is complete and true.

First /Last *N*ame …… **Series: …… Group:**

Signature…… Date……..

Measured temperature …… ^{0}C ***Verified by:……***