



## Epidemiological Control Card

Answer YES or NOT for all questions:

I. In the last week...?

1. ... have you experienced a fever above 37 degrees Celsius?
2. ... have you had a cough?
3. ... have you experienced shortness of breath?
4. ... have you had chills?
5. ... have you had a sore throat?
6. ... have you had muscle pains?
7. ... have you had headaches?
8. ... have you experienced chest pains?
9. ... have you experienced a loss of smell or taste?
10. ... have you had diarrhea?
11. ... have you experienced nausea or vomiting?
12. ... have you had conjunctivitis?
13. ... have you had a skin rash?
14. ... have you had discoloration of your fingers?

II. Do you think that... ?

1. ... you may / are infected SARS-CoV-2 coronavirus responsible for COVID-19 disease?
2. ... your family member may be / is infected SARS-CoV-2 coronavirus responsible for COVID-19 disease?
3. ... the person you meet may be / is infected SARS-CoV-2 coronavirus responsible for COVID-19 disease?
4. ... your coworker may be / is infected SARS-CoV-2 coronavirus responsible for COVID-19 disease?

Sum up your answers. If you received more than 3 positive answers (YES) it may implicate the necessity to get tested for SARS-CoV-2.

- Yes, I have answered all the above questions and I need to get tested for SARS-CoV-2.
- Yes, I have answered all the above questions and I do not find it necessary to be tested for SARS-CoV-2.