

Epidemiological questionnaire for military personnel (soldiers, civilian personnel, contractors) arriving from countries affected by the COVID-19 Outbreak.

1. Rank, name, surname:
2. National personal number/DoD ID#:
3. Address (in Poland), unit, phone number:
4. Where have you been within last 14 days? (China, South Korea, Iran, Italy, others):

I.p.	Location (country)	Time		Remarks
		from	to	

5. Type of service (i.e. medical personnel, civil-military cooperation etc.) :

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7. Have you (or you family member or colleague) been in contact within last 14 days with person having probable or confirmed COVID-19 case (date of last contact, circumstances etc.):.....

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9. Do you have or did you have any of the following symptoms? (if yes please indicate the date of onset)
- 1) fever (above 38°C/100,4 F)
 - 2) cough
 - 3) shortness of breath
 - 4) sore throat

5) acute respiratory distress syndrome

7) loss of smell and taste

10. Other signs and symptoms:

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11. Have you been tested for the presence of coronavirus (PCR test):

No Yes Date of test:.....

Result: negative positive

12. Hospitalisation:

Have you been hospitalised due to COVID-19 disease suspicion?:

If yes: Hospital....., Country, town

Date of Admission

Isolation– from to

Intensive care unit: No Yes

13. Quarantine:

No Yes from..... to.....

.....
(date)

.....
(rank, signature)