



FIAS Health Questionnaire

The safety of our SAMBO community members is our overriding priority. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure, we are asking everyone to complete this questionnaire.

Name	Surname	Female	Male	Nationality	Age
E-mail		Mobile number			
Home address					

Please respond to each of the following questions truthfully and to the best of your ability.

- Have you experienced any of the below symptoms in the last 14 days?

Symptoms	YES	NO
1. Temperature of 37 °C or more		
2. Dry cough		
3. Headache		
4. Sore throat		
5. Difficulty for breathing		
6. Runny or stuffy nose		
7. Sudden diarrhoea or vomiting		
8. Sudden muscle or body aches		
9. Fatigue without a known cause		
10. Loss of smell or taste		

	YES	NO
In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?		
In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?		

I certify that I have read and understood the questions and that the responses provided above are true and accurate to the best of my knowledge. I hereby confirm I will follow all safety measures and that if any changes take place or I find out new circumstance related to the above questions, I will inform the FIAS representatives about this and follow their instructions.

Signature _____ Date _____ Place _____