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Epidemiological statement regarding COVID-19 virus infection

Name:.....

Time and place of birth:.....

Address:.....

Contact number:.....

Please answer the question by underlining the appropriate answer!

1. Have you had a fever in the last 2 weeks? **Yes/No**

2. Have you experienced coughing or shortness of breath in the last 2 weeks? **Yes/No**

3. During this time have you felt weak, experienced limb pain, or any other flu-like symptoms? **Yes/No**

4. Have you had any illness or diarrhea in the last 2 weeks? **Yes/No**

5. Have you been in close contact with someone infected with coronavirus (COVID-19) or a person under house quarantine in the last 2 weeks? **Yes/No**

Being in close contact with a Covid-19 infected person means,
 - living in the same household;
 - coming into personal contact (distance within 2 meters and time longer than 15 minutes);
 - staying indoors (distance within 2 meters and time longer than 15 minutes) [e.g. at work, at school, in a classroom, during a hospital visit];
 - coming into direct physical contact (eg by handshake);
 - being in contact with the secretions of a patient infected with a new coronavirus without the use of protective equipment (eg coughs or used paper for handkerchiefs);
 - Participating in the direct care of a COVID-19 patient or treated COVID-19 patient samples as a laboratory worker.

6. Have you been abroad in the last 2 weeks? If so where? **Yes/No**

7. Have you ever been vaccinated against Corona virus, if so, when? **Yes/No**

Aware of my criminal responsibility, I declare that I am currently feeling healthy, I have understood the facts described above. I declare that my answers given there correspond to reality. If there is a change in the above issues during my treatment period, I will report it to my doctor immediately.

Date:.....

.....
 signature of the declarant (parent in case of a minor)