**Medical questionnaire and employee declaration**

**before the beginning of the teaching part of the academic year 2020/2021**

(COVID – 19 disease caused by coronavirus SARS-CoV-2)

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| --- | --- |
| **Employee´s name and surname:** |  |
| **Address:** |  |
| **Phone number:** |  |

**Purpose of this questionnaire:**

This questionnaire is important in terms of monitoring of an employee´s health condition, in connection with the beginning of the academic year 2020/2021 during the pandemic COVID-19, and/or coronavirus SARS-CoV-2. It is important that universities are a safe place for staff and students.

**The questionnaire is filled in by the employee**

|  |  |
| --- | --- |
| **I declare that I travelled outside the Slovak republic from ............ to ............ 2020:** | |
| **YES** | **NO** |
| **I declare that I attended the mass event in the above stated dates:** | |
| **YES** | **NO** |

*If you answered "YES" to any of the above questions, you have the duty to monitor your health condition, the health condition of the people living with you in the same household and other close people with whom you are in frequent contact.*

*In case you and/or the people living with you in the same household and/or the other close people have the symptoms (cold, cough, body temperature above 37 °C, loss of smell and taste, diarrhoea, headache) you are obliged to contact a general care practitioner (GP) immediately and proceed in accordance with his/her recommendations and you shall not enter the university premises until a time determined by the relevant doctor.*

I further declare that I have no signs of an acute illness, that neither the Regional Office of Public Health of the Slovak Republic nor the general care practitioner (GP) has ordered me a quarantine measure (quarantine, increased health care or medical supervision). I am not aware of the fact that me, my family or other people living with me in the household, as well as other close people, have come into the contact with people who have contracted transmitted disease (e.g. COVID- 19, diarrhoea, viral hepatitis, meningitis, fever with rash).

Employee´s signature: