

INDIVIDUAL ANAMNESIS AND REGISTRATION FOR COVID-19

First Name: _____; Date of birth (D/M/Y): ____/____/____;

Surname (s): _____; Gender: M F

Passport Series: _____ No _____; Country of Origin: _____;

Starting point of present voyage: Country _____ Date: _____

Date of arrival in Romania: _____; Date of departure from Romania: _____;

I estimate that I'll remain in the following locations, in Romania, for more than 24 hours:

| Crt. No. | Location (City) | Date of arrival | Date of departure | Accommodation full address |
|----------|-----------------|-----------------|-------------------|----------------------------|
| | | | | |
| | | | | |

During my stay / travel in Romania, I can be contacted at:

Phone no: _____; E-mail: _____;

1. Do you live in an area where there are persons suffering from novel Coronavirus 2019-nCoV?

yes no

2. Have you been in contact with someone suffering from 2019-nCoV at home, job, in your neighbourhood or while visiting a hospital or other places in the last 15 days?

yes no

3. Have you been hospitalized in the last 3 weeks?

yes no

4. Have you experienced any or several of the following symptoms?

| | | |
|-------------------------|------------------------------|-----------------------------|
| • Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Headaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Difficulty swallowing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Difficulty breathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Intense coughing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Important Notice & Consent: In the context of the evolutions registered starting with January 2020 in relation with Pneumonia with novel coronavirus 2019 -nCoV, in order to be allowed to stay in Romania, aliens from or who have recently travelled to CHINA, are required to fill-in the questionnaire enclosed above. Please note that the data and information provided herein is deemed for consultation, collection and processing by the _____ county Public Health Directorate, as public authority, notified as personal data controller, under registration n° _____. The required information is processed in accordance with the provisions of Regulation n° 679/2016 on the Protection of Individuals with Regard to the Processing of Personal Data and the Free Movement of Such Data, in strict compliance with the principles related to fundamental rights. Individuals the personal data of which is being processed benefit from the right to exert their rights of amendment, intervention and opposition, via a signed, dated and written request addressed to the data controller.

- I am aware that a refusal to submit the filled-in questionnaire triggers the refusal of my entry in the Romanian territory, for the purpose of eliminating any possible threats to the public health of Romania.
- I hereby consent that the information provided may be consulted and processed, by the _____ county Public Health Directorate, with the consultation of designated Romanian authorities that bare competencies in the field of sanitation and emergency /crisis management.
- I have taken note and am aware of the information provided here.
- I hereby declare that all the answers provided to the questions above, entirely correspond to my current situation.

Place and date: _____;

Signature: _____;

Legenă pentru personalul DSP:

Risc crescut de contagiozitate = „Yes” la punctul 4.
Risc crescut de expunere = „Yes” la punctele și 1, 2, 3
Risc scăzut = „No” la toate întrebările