



COVID-19 Testing Questionnaire

- Name and surname: _____
- Residential address: _____
- Date of birth: _____
- Contact number: _____
- Passport number: _____
(For patients doing analysis for travel reasons)
- Reason for testing: _____
- Destination and date of travel: _____
- Date and time of sampling: _____

EPIDEMIOLOGICAL INFORMATION

- Have you been abroad in the past 15 days? **YES** **NO**
- Have you had contact with a person infected with COVID? **YES** **NO**
- Have you had any of the following symptoms:
 - a) Fever, e) Fatigue,
 - b) Dry and irritating cough, f) Diarrhea,
 - c) Shortness or loss of breath, g) Vomiting,
 - d) Partial / complete loss of sense of taste and smell, h) Neurological symptoms, nervousness, deconcentration.
- Do you suffer from any chronic disease and which? _____
- Do you use any vitamins or supplements and list which ones? Vitamin C, D, multivitamin, corticosteroids , diabetes medicine, high blood pressure, other, _____

Note: The stated data will be used for the needs of the official Health Information System of Sarajevo Canton (BIS), in accordance with the Rulebook on the manner of keeping records on performed laboratory isolation and identifications ("Official Gazette of FBiH", No. 101/12) and the Rulebook on conditions in terms of professional qualifications of employees, technical equipment, premises and other conditions that must be met by health institutions that perform laboratory isolation and identification of infectious disease agents, or epidemics of infectious diseases and verification (verification) of laboratory isolation and identification of infectious disease agents to establish diagnosis ("Official newspaper of FBiH ", number 101/12). The Client agrees that the test results and data may be used for scientific research purposes in accordance with the Law on Personal Data Protection ("Official Gazette of BiH", No. 89/11).

Sarajevo, (Date and time): _____

Client: _____ For the survey (sign): _____