Questionnaire form

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| Dear passenger!Please fill out this form!The information you provide will help healthcare authorities track passengers who may have been exposed to an infectious disease. This information will be used for health purposes only.At the first sign of deterioration, you should seek medical help. No need to self-medicate! |
| 1. **Flight information:**
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| Airline, route and flight number | Arrival date | Seat number |
| **2. Personal information :** |
| Surname NamePatronymicDate of birth GenderNationality  |
| **3. The route and dates of the last 14 days (where was (city, province), in what period):** |
| **4..Address place of stay in Yekaterinburg (address), hotel::** |
| **5.** **Date and place of departure from Ekaterinburg** |
| Temperature rise 38.0 ° C or higher | **YES / NO (circle the answer)****If so, how many days? \_\_\_\_\_\_\_\_\_** |
| Cough and / or sore throat | **YES / NO (circle the answer)****If so, how many days? \_\_\_\_\_\_\_\_\_** |
| Feeling tired | **YES / NO (circle the answer)****If so, how many days? \_\_\_\_\_\_\_\_\_** |
| Labored breathing | **YES / NO (circle the answer)****If so, how many days? \_\_\_\_\_\_\_\_\_** |
| **7. Feeling at the time of arrival**:  |
| **8. Did you seek medical help within 14 days?****YES / NO (circle the answer)** |
| **9. Contact phone number, e-mail:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **10. Sign/Date:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2020.** |