



COVID-19 Questionnaire

Please answer the following questions truthfully by indicating with an X in the relevant block.

	YES	NO
1 Have you travelled internationally within the last 14 days?		
2 Have you travelled locally by bus/train or plane within the last 14 days?		
3 Have you been in close contact with any person who has travelled internationally to or from a Covid-19 area within the last 14 days ?		
4 Do you currently have any of the following symptoms:		
Sore throat		
Cough		
Fever above 37,3°C		

Full Name _____

Unit No _____

Date _____

Signature _____

Village _____