

STATEMENT
for the prevention and control of CORONAVIRUS infections (COVID 19)

I, the undersigned _____, having residency/domicile in _____ Str. _____ Nr. _____, Bl. _____, Sc. _____, Ap. _____, County / Sector _____, Country _____, holder of the Passport / Identity Card Series _____ Nr. _____ CNP _____, as a patient;

after acknowledging that the provision of false and / or incomplete information to your company may lead to the following consequences:

- The criminal conviction of the undersigned to prison for committing the offenses provided in art.326 – regarding Untrue statements and 352 – regarding the prevention of fighting the diseases, as well as any other crime provided by the Criminal Code or other laws that may result from improper statement of truth and / or incomplete statements.

A. I declare, under the sanctions provided by the Criminal Code of Romania for untrue statements, that:

- In the last 2 weeks until now (14 days) **I have NOT traveled abroad.**
- None of my relatives (**parents, grandparents, brother, sister, uncle, aunt, nephew, cousin**) or **husband / wife / concubine** or any other person who lives with me or with whom I have been in contact with in the last 2 weeks until now, **have NOT traveled abroad.**
- I am not aware of been in contact with persons who came from areas at risk of infection with CORONAVIRUS and / or suspected of being infected with COVID 19.**
- I haven't been / I am not tested positive for COVID 19.**

Have you had one or more of the following symptoms?

Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty swallowing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intense cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	Loss of odor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of taste	<input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Other information: _____

Self-insulation Yes No

Quarantine Yes No

C. I, the undersigned, undertake that if, after signing this Statement, I have found out that I have come into contact with persons who know that they have been in areas at risk of CORONAVISUS infection or who have been diagnosed with CORONAVIRUS, to announce this immediately, by phone at 0786700882 and not to come in contact with the medical staff, patients or any other persons, being aware of the consequences that may occur in this case, following that the measures to be taken are in accordance with the legislation and the protocols applicable at that time.

I also declare that I fully understand the consequences of my Declaration and by signing it I agree and I am aware that if the statements do not correspond to the truth or are false and / or incomplete, to bear all the consequences assumed by this.

DATE: _____

PATIENT: _____

TIME:

TEMPERATURE: