

QUESTIONNAIRE

.....
(name of employee / student)

Have you been abroad in the last 2 weeks? YES/NO

Has any member of your household been abroad during the last 2 weeks?
YES/NO

Are you or someone in your family currently quarantined? YES/NO

Do you currently have symptoms of infection?
(fever, runny nose, cough, muscle aches, sore throat, rash, other unusual) YES/NO

Does anyone in your family have any symptoms of infection now or has anyone in your
family had any symptoms of infection in the last 2 weeks? YES/NO

Do you take medicines to lower your body temperature?
(containing paracetamol, ibuprofen, acetylsalicylic acid or derivatives) YES/NO

I declare that I have read the security rules in force at UMCS
(<https://www.umcs.pl/pl/koronawirus-informacje,18993.htm>) during the COVID-19 epidemic
and the rules for organizing classes at the Faculty/Institute.....
..... effective from 1 June 2020.

I declare that all data provided by me are true and accordance with the facts.

I declare that I participate in the didactic classes voluntarily, I am aware of current threats and
I will not direct any claims to UMCS.

In case of any changes in relation to my answers that will occur after completing this
questionnaire, I undertake to immediately inform the Faculty / Institute authorities about this
fact.

.....
date and legible signature of the employee / student