CHECKLIST

Blood donor “entry health questionnaire” to reduce the risk of COVID-19 infection

Surname and name: ..... ……. Date of birth:.....

Residence: ....

Temperature: …… ° C measured (signature): ....

(circle the correct answer)

T> 37.0 ° C YES NO

During the last 14 days I have been abroad YES NO

During the last 14 days I have been in contact with a person who has returned from abroad, is quarantined or has symptoms of respiratory disease or COVID-19 . YES NO

I have or during the last 14 days I have had any of the following symptoms of respiratory disease: sore throat, dry cough, shortness of breath, fever, chills, headache, muscle aches, diarrhea or vomiting. YES NO

Date: …… Donor's signature: ..... ……