

CHECKLIST

Blood donor's "entry health questionnaire" to reduce the risk of COVID-19 infection

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

Residence:

Tel. number:e-mail:.....@.....

Temperature: ° C Measured by (signature):

(circle the correct answer)

T > 37.0 ° C YES NO

During the last 14 days I have been abroad YES NO
(does not include commuters from abroad)

During the last 14 days I have been in contact with a person who has been quarantined or has had a 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

I was infected with COVID-19 YES NO

If yes, date of positive test for COVID-19 (RT PCR or antigen test)

I was vaccinated against COVID-19 YES NO

If yes, date of vaccination

Date:

Donor's signature:

Please find the information on personal data processing on our website

www.ntssr.sk/zasadyochranyudajov/darcovia-a-zaujemcovia-o-darovanie-krvi-a-zloziek-krvi

(version 04.06.2021)