



## CERTIFICATE

### Epidemic Prevention Questionnaire (Covid-19)

Site :

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The data collected in this form will be kept for 30 days

LAST NAME:

SURNAME :

COMPANY :

PHONE NUMBER:

In the past 15 days, have you stayed (or been in transit) in a risk area and have you had direct contact with an identified person suffering from coronavirus?

Yes     No

2/ Do you have any of the following symptoms: Fever? Cough?

Yes     No

SIGNATURE :

Date :