

QUESTIONNAIRE ON HEALTH STATUS AND TRAVEL ABROAD

Student questionnaire and student statement before the beginning of semester in the academic year 2020/2021(COVID - 19 disease caused by coronavirus SARS-CoV-2)

Name & surname of the student:

Address:

Phone:

Mail address:

This address

Reason for using this questionnaire:

This questionnaire is important in terms of monitoring health of students, in connection with the beginning of the academic year 2020/2021 during the pandemic of Covid-19; respectively coronavirus SARS-CoV-2. It is important that SZU is a safe place for staff and students.

This questionnaire is to be filled in by each student, including those in full-time doctoral studies.

I declare that I have travelled in the period from 2.9. to 16.9. 2020), from 14.9. to 28.9.2021) outside the Slovak Republic:

YES / NO

I declare that I have participated in a mass event (within the given deadline):

YES / NO

If you answered "**YES**" to any of the above questions, you are required to monitor your health, the health of people living in the same household and other close people with whom you have frequent contact.

In case of symptoms (runny nose, cough, body temperature above 37.5 ° C, loss of smell and taste, diarrhoea, headache) in yourself or people living in the same household including other loved ones, you are obliged to contact a general practitioner (VLD) immediately and proceed according their recommendations.

Alternatively order an examination via <https://www.old.korona.gov.sk/covid-19-patient-form.php>

I will under **NO** circumstances enter the university premises until the time specified by the relevant doctor.

I further declare that:

- I am not showing signs of an acute illness
- The Regional Public Health Office has not ordered me into quarantine measures (quarantine, increased health surveillance or medical supervision).
- I do not know that myself, my family, or other people living with me in the household, as well as other loved ones, have come into contact with people who have contracted a communicable disease (eg COVID- 19, diarrhea, viral hepatitis, meningitis, fever with rash).

Student's signature:

Date:

- 1) For final year students
- 2) For students of other years
- 3) Events with more than 100 people

**NOTICE FOR STUDENTS ABOUT BEHAVIOUR DURING THE WINTER SEMESTER OF
THE ACADEMIC YEAR 2020/21 DURING THE COVID-19 PANDEMIC**

Name and surname of the student:

Address:

Phone:

Mail address:

This address

By signing I undertake:

- When Enrolling, I will fill in a questionnaire about the condition of my health and travel abroad for the last 14 days; and the Instruction on Behaviour during the semester.
- I will confirm the veracity of the data by signing these questionnaires. If I have completed enrolment online, I will send it in an envelope by post to the study department of my faculty.
- On the first day of teaching, I will present myself to the teacher with proof of my medical fitness by means of a negative PCR test for COVID-19 (not older than 96 hours).
- I will immediately inform the faculty about the suspicion of COVID-19 and confirmation of the COVID-19 disease by e-mail or telephone via the relevant study office.
- I will immediately inform the faculty by email or telephone through the relevant study office in case the Regional Public Health Office orders me a quarantine measure (quarantine, increased health supervision or medical supervision).
- I will not participate in mass events, family reunions, social events and sports events indoors or outdoors with more than 100 participants.
- I will limit mutual meetings with students of other years, faculties and other schools.
- During teaching and movement within the interior of the SZU, including accommodation, I will have my mouth and nose covered with a clean, dry drape.
- As drapes are only effective as long as they are dry, I will have 3 clean drapes in a clear bag in addition to the drape I have on my face. In case of humidification, I will replace the drape.

Student's signature:

Date: