



**SANADOR**

*Sănătatea ca stil de viață!*

Call center: 021.9699

www.sanador.ro

e-mail: [frontdesk@sanador.ro](mailto:frontdesk@sanador.ro)

fax: 021.206.34.10

## TRIAGE QUESTIONNAIRE FOR COVID-19 PATIENTS

**MISREPRESENTATIONS / FALSE OR MISLEADING STATEMENTS WILL BE SANCTIONED**

**ACCORDING TO LAW!<sup>1</sup> SANADOR IS MANDATORILY REQUIRED TO INFORM THE  
AUTHORITIES IN CASE FALSE STATEMENTS ARE IDENTIFIED!**

INTREBARE	ANSWER	ANSWER
<p>Are you experiencing/have you experienced in the last 2 weeks a sudden debut of ANY 3 OR MORE of the following signs and symptoms:</p> <ul style="list-style-type: none"> <li>- fever, cough, asthenia, cephalalgia,</li> <li>- myalgia, throat pains, coryza, dyspnea,</li> <li>- anorexia / nausea / vomiting, diarrhea,</li> <li>- altered mental status,</li> <li>- recent debut of losing sense of smell or sense of taste</li> </ul> <p>Note: For children up to 16 years old that display <b>gastrointestinal manifestations (vomiting, diarrhea)</b> not associated with their diet, SARS-CoV-2 infection may be suspected.</p>	YES	NO
<p>1. Have you been diagnosed with COVID 19 infection in the last two weeks? OR Have you travelled abroad in the last 2 weeks? Where? OR Have you had <i>direct contact*</i> with any person diagnosed/suspected of infection with the new Coronavirus? OR Have you had <i>direct contact*</i> with any person placed in quarantine/home isolation?</p>	YES	NO

*\*Direct contact is defined as:*

- A person living in the same household with a COVID-19 patient;
- A person that had direct physical contact with a case of COVID-19 infection (e.g.. handshake with no subsequent hygiene of hands);
- A person that has direct unprotected contact with the infectious secretions of a COVID-19 case (e.g.. during cough, touching handkerchief with hands unprotected by gloves);
- Person having face-to-face contact with COVID-19 case at a distance less than 2 meters and for a duration of minimum 15 minutes;

<sup>1</sup> Art. 326 in the Criminal Code stipules:

*Inaccurate declaration of truth made one of the persons referred to in Article. 175 or unit in which it operates in order to produce legal consequences for himself or for another, when, according to law or the circumstances, the declaration serves to produce those consequences, is punished with imprisonment from three months to two years or a fine.*



**SANADOR**

*Sănătatea ca stil de viață!*

Call center: 021.9699

www.sanador.ro

e-mail: [frontdesk@sanador.ro](mailto:frontdesk@sanador.ro)

fax: 021.206.34.10

*- A person that was in the same room ( e.g. classroom, conference room, hospital waiting room) with a COVID-19 case, for minimum 15 minutes and to a distance less than 2 m;*

*-A person among the medical personnel or any other person providing direct care to a COVID-19 patient or a person among the laboratory personnel that handles samples from a COVID-19 patient, without appropriately wear the protection equipment.*

*The epidemiological contact could have taken place during 14 days interval prior to debut date.*

**NOTA BENE! Any person that appropriately wore facemask/protection equipment and complied with physical distancing IS NOT CONSIDERED A DIRECT CONTACT!**

**Important notice and consent:** *In the context of the evolutions registered since January 20202 with respect to the new coronavirus 2019 COVID-10, please keep in mind that your personal data and information provided in this questionnaire are required for consultation, collection and processing in [SANADOR's] capacity of public authority, notified as data processor. The requested information are processed in accordance with the provision of the Regulation no. 679/2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, in strict compliance with the principles regarding fundamental rights.*

*I consent for the requested information to be consulted and processed by the personnel of SANADOR SRL healthcare unit.*

*I have taken note and I am aware of the information provided in the triage questionnaire.*

*I hereby state that all answers provided to the questions above are entirely reflecting my current situation.*

**NAME AND SURNAME:**

**DATE OF BIRTH:**

**Data of presentation:**

**Hour of presentation:**

**Reason for presentation /destination in Sanador:**

**Signature:**

**WEAR FACEMASK:**     **DA**

**NO (FACEMASK TO BE PROVIDED)**

**WRISTBAND ACCESS CODE:**

**TEMPERATURE:**

**NAME AND SURNAME OF THE TRIAGE MEDICAL ASSISTANT:**

.....