

# COVID-19 health declaration for the patient or companion



**Patient name and surname**

**Personal code/  
date of birth**

**1. Have you or anyone in your family members been exposed to COVID-19 in the last 14 days?**

Yes                      No                      When:

**2. Do you have at least one of the symptoms listed below?**

- fever over 37,5 C
- cough
- sore throat
- difficulty breathing, shortness of breath
- loss of taste and smell sensitivity
- muscle pain
- tiredness

Yes                      No

**3. Have you previously had a COVID-19 test with a POSITIVE result?**

Yes                      No                      When:

**4. Have you or any member of your household been traveling abroad in the last 14 days?**

Yes                      No

If your answer is yes, then who, when and what country:

*Please send the filled declaration through a secure system from our webpage or by email [novavita@novavita.ee](mailto:novavita@novavita.ee). The document will be signed in the clinic.*

\_\_\_\_\_ / signature

\_\_\_\_\_ / date