

PLEASE FILL IN USING CAPITAL LETTERS AND MARK WITH 'X' IN SUITABLE SQUARES

.....
First name and last name

.....
PESEL number / passport number

.....
Phone number

.....
Address

QUESTIONNAIRE RELATED TO EPIDEMIOLOGICAL SITUATION

Are you currently quarantined? YES NO

During the last 14 days:

■ have you been outside Poland? YES NO

(if yes, how many days ago: in which country:)

■ have you had a contact with a person with a confirmed SARS CoV-2 infection? YES NO

■ have you had a contact with a person, who is currently quarantined? YES NO

■ have you had symptoms of respiratory and / or digestive tract infections? YES NO

Do you have any of the symptoms listed below:

■ fever above 38 °C YES NO

■ muscle aches YES NO

■ cough YES NO

■ feeling short of breath – difficulty in taking a breath YES NO

■ smell and / or taste disturbances which have occurred in the last 14 days YES NO

■ diarrhea YES NO

I acknowledge that providing personal data is obligatory, which results from the act on the rights of the patient and the Patient's Rights Ombudsman and the Act on the information system in health care.

PART FILLED IN BY A MEDICAL EMPLOYEE

Temperature°C

.....
Medical employees signature

.....
Date and Candidate's / legal guardian's signature

Legal basis: art. 9 item 2 letter i) GDPR and art. 17 of the Act of March 2, 2020 on special solutions related to the prevention, prevention and eradication of COVID-19, other infectious diseases and crisis situations caused by them.

Today, before my aviation and/or occupational medicine examinations, I declare that:

1.

I am rested, I feel healthy and ready to undergo examinations, and for the last 24 hours I have not consumed alcohol and cared for rational nutrition. I put myself on an empty stomach for tests. I am not on sick leave.

2.

I have read carefully the statements regarding my state of health and medical history included in the Application Form for the Medical Certificate, and the data I complete are, to the best of my knowledge, true and complete. I did not conceal any relevant information and did not put any misleading statements. I understand that providing incomplete or false data in the Form may result in a negative medical certificate issued by a certifying physician or an authority entitled to licensing may refuse to issue a decision or withdraw all issued decisions aviation medical notifications in addition to all other operations applicable under national law.

3.

I have been informed that pursuant to art. 106 section 3 of the Act of 3 July 2002 - Aviation Law (Journal of Laws of 2019, Pos. 1580 and 1495) I have the right to appeal against a medical certificate issued by a doctor aero-medical certificate to the Chief Civil Aviation Doctor within 14 days of receipt judgment. Appeals against medical certificates are submitted to the Chief Civil Aviation Doctor through the certifying doctor by whom it was issued.

I am aware that a visit at this facility in an epidemiological situation is associated with an increased risk of infection with SARS CoV-2 coronavirus.

Information clause

The administrator of personal data provided in this statement for the purposes of providing services medical is Romana Borkowska running a business under the name ALERGO-MED Poradnia Specjalistyczna.

Personal data will be processed in connection with:

- contact with authorized persons indicated by the Patient (consent is voluntary);
- contacting the patient or the patient's legal guardian by phone, sms or e-mail (consent is voluntary);
- granted consent to send results of laboratory / diagnostic tests electronically (consent is voluntary);

In all matters related to the processing of personal data, you can contact the Data Protection Officer at address: iod@alergo-med.com. The personal data obtained may be transferred to other entities in specific cases in the information obligation arising from art. 13 GDPR, which is available on information boards in ALERGO-MED clinics and on the clinic's websites (alergo-med.com and badanialotniczolekarskie.pl).

I have been informed about the right to access the content of the above data and the right to correct, update, topping up and deleting. I have read the information obligation arising from art. 13 GDPR.

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Date and Candidate's / legal guardian's signature