

Legendă pentru personalul DSP:

Risc crescut de contagiozitate = "DA" la punctul 4
Risc crescut de expunere = "DA" la punctele 1,2 și 3
Risc scăzut = "NU" la toate întrebările

DECLARATION	EN/RO
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Surname _____ The country of departure: _____
Name _____ City/Town: _____
Gender M F Date: _____
Passport / I.D. Series _____ No. _____
Date _____ of birth: _____ (D/M/Y): _____
Date of arrival in Romania: _____

I estimate that I will be staying in Romania for more than 24 hours at the following addresses:

No.	Location (town/city)	Date of arrival	Date of Departure	Complete address

During my stay /travel to Romania I can be reached at:

Phone: _____ E-mail: _____

1. Have you lived in/visited areas where there were persons suffering from the infection with the new coronavirus (COVID-19)?

Yes No

2. Have you come in direct contact with persons suffering from the infection with the new coronavirus (COVID-19) at work, nearby your residence or when visiting medical units or other type of places in the last 14 days?

Yes No

3. Have you been hospitalized during the last three weeks?

Yes No

4. Have you had one or more of the following symptoms?

• Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Difficulty in swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Difficulty in breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Intense coughing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Important notice and agreement: In the context of the recorded developments starting January 2020 regarding the infection with the new coronavirus COVID-19, in order to remain in Romania, all passengers from or who have recently traveled to **China, Italy, South Korea, Iran** are required to fill in the above questionnaire.

Please note that the data and information provided here are required for collection and processing by the _____ County Public Health Department. The required and collected data and information are processed in accordance with the provisions of 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, with strict compliance of the principles related to fundamental rights. The persons whose data are processed have the right to modify, intervene and oppose through a written, dated and signed request addressed to the data operator.

• I am aware that the refusal to fill in the questionnaire may cause the refusal of my entry in Romania, in order to eliminate any possible threats to the public health of Romania.

• Acknowledging the provisions of **art. 326 of the Criminal Code regarding false statements and art. 352 regarding the thwarting disease control**, I hereby declare, on my own responsibility, that I have arrived on the territory of Romania leaving the country of origin, transiting the territory of the following countries

and that **I will follow the instructions provided by the medical personnel** during the border control at the border crossing point _____ (name).

• I declare on my own responsibility that, in order to prevent the spread of Covid-19 virus on the territory of Romania, after leaving the border crossing point area **I will travel to home / residence / medical institution / special purpose building / other address (to indicate the exact address)** _____

_____ **for self-isolation or quarantine**, using _____

- I agree that the provided information can be consulted and processed by the competent authorities.

Date and place: _____

Signature: _____

Legend for DSP staff:

Increased risk of infectiousness = "YES" in item 4

Increased risk of exposure = "YES" in items 1.2 and 3

Low risk = "NO" to all questions