

INDIVIDUAL ASSESSMENT AND LOCATION IN ROMANIA QUESTIONNAIRE

First Name: _____ Date of birth (D/M/Y): ____/____/____

Surname (s): _____ Gender: M F

Passport Series: _____ No _____ Country of Origin: _____

Starting point of present voyage: Country _____ Locality: _____ Date: _____
If you have traveled 14 days before this departure, mention the countries, localities and travel period

Date of arrival in Romania: _____ Date of departure from Romania: _____

I estimate that I'll remain in the following locations, in Romania, for more than 24 hours:

Crt. No.	Location (City)	Date of arrival	Date of departure	Accommodation full address

During my stay / travel in Romania, I can be contacted at:

Phone no: _____ E- mail: _____

1. Do you live in an area where there are persons suffering from infection with novel coronavirus (COVID-19)?

yes no

2. Have you been in contact with someone suffering from infection with novel coronavirus (COVID-19) at home, job, in your neighbourhood or while visiting a hospital or other places in the last 14 days?

yes no

3. Have you been hospitalized in the last 3 weeks?

yes no

4. Have you experienced any or several of the following symptoms?

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

Important Notice & Consent: In the context of the evolutions registered starting with January 2020 in relation with **Infection with novel coronavirus COVID-19**, in order to be allowed to stay in Romania, all passengers from or who have recently travelled to affected areas* are required to fill-in the questionnaire enclosed above. Please note that the data and information provided herein is deemed for consultation, collection and processing by the CLUJ county Public Health Directorate, as public authority, notified as personal data controller, under registration n° _____. The required information is processed in accordance with the provisions of *Reglement n° 679/2016 on the Protection of Individuals with Regard to the Processing of Personal Data and the Free Movement of Such Data*, in strict compliance with the principles related to fundamental rights. Individuals the personal data of which is being processed benefit from the right to exert their rights of amendment, intervention and opposition, *via* a signed, dated and written request addressed to the data controller.

- I am aware that a refusal to submit the filled-in questionnaire triggers the refusal of my entry in the Romanian territory, for the purpose of eliminating any possible threats to the public health of Romania.
- I hereby consent that the information provided may be consulted and processed, by the CLUJ county Public Health Directorate, with the consultation of designated Romanian authorities that bare competencies in the field of sanitation and emergency /crisis management.
- I have taken note and am aware of the information provided here.
- I hereby declare that all the answers provided to the questions above, entirely correspond to my current situation.
- If you do not comply with the measures regarding the prevention or control of infectious diseases this can be sanctioned according to art 352 of the Criminal Code and art. 34 letter .m) of the GD no. 857/2011 regarding the establishment and sanctioning of contraventions to the norms in the field of public health, with the subsequent modifications and completions

Place and date: _____;

Signature: _____;

Legendă pentru personalul DSP:

Risc crescut de contagiozitate = „Yes” la punctul 4.

Risc crescut de expunere = „Yes” la punctele și 1, 2, 3

Risc scăzut = „No” la toate întrebările

* The list of areas with extended community transmission of COVID-19 can be found on the website www.cnsrbt.ro