



ROME ARMY HOSPITAL "CELIO"
SCIENTIFIC DEPARTMENT

Via Santo Stefano Rotondo, 4 – 00184 Rome - Italy

Self evaluation of the risk of infection by SARS CoV-2

(to be filled in by the person exposed to the risk)

PERSONAL DATA

Name:..... Surname:.....

Gender: ☐ Male ☐ Female . Date of birth:.....Place of birth:.....

E-mail:.....

Phone number:.....

EPIDEMIOLOGICAL LINK

1. In the last 14 days, before the onset of symptoms, did the case go to a country where cases of new coronavirus pneumonia have been confirmed? ☐ Yes ☐ No ☐ Not known

If the answer is Yes,

Where check-in date:..... check-out date:.....

Where check-in date:..... check-out date:.....

and/or

2. In the last 14 days, before the onset of symptoms, was the case in contact with a person tested Positive for New Coronavirus? ☐ Yes ☐ No ☐ Not known. When:

CLINICAL INFORMATION

Date of onset of symptoms (last 14 days):.....

Respiratory signs and symptoms: ☐ cough ☐ sore throat ☐ breathing difficulties ☐ runny nose

Systemic signs and symptoms: ☐ fever or low-grade fever ☐ headache ☐ muscle pain

☐ generalized malaise ☐ asthenia ☐ weight loss ☐ anorexia ☐ mental confusion ☐ dizziness

☐ loss of sense of smell ☐ loss of sense of taste ☐ conjunctivitis

Chronic disease:

Cancer: ☐ Yes ☐ No ☐ Not known, Cardiovascular disease: ☐ Yes ☐ No ☐ Not known, Diabetes: ☐

Yes ☐ No ☐ Not known, Immunological deficit: ☐ Yes ☐ No ☐ Not known, Respiratory disease: ☐

Yes ☐ No ☐ Not known, Kidney disease: ☐ Yes ☐ No ☐ Not known, Metabolic disease: ☐ Yes ☐ No

☐ Not known, Obesity : ☐ Yes ☐ No ☐ Not known,

Medication taken in last 24 hours: ☐ Yes ☐ No What:

.....

Date: Place:

Signature:

Notice
Aquisition on Informed Consent to Perform Diagnostic Analysis Regarding
COVID-19 and for Relase of Medical Information

I the undersigned....., born onin.....,
ID No..... Type of ID....., issued by.....
on.....,

I consent to undergo the clinical test described below in order to be tested for the SARS-CoV2 Virus.

I declare that I have received and read the "Information Sheet" below and have asked and had answered any questions that I have regarding the clinical test described below.
I declare that I freely, consciously, and without any reservation consent to the carrying out of the diagnostic analysis regarding COVID-19, as described in the "Information Sheet."

I understand that the analysis will be carried out by the elements of the Italian Government. I agree that the report of the results will be delivered to me and to my NATO and National chains of command for their use in countering the spread of COVID-19. I acknow ledge and accept the description of Privacy Rights in this Notice.

INFORMATION SHEET

FOR CONSENT TO THE EXECUTION OF THE COVID19 TEST

1. COVID 19 test: screening cost to ascertain whether you have contracted the virus
2. A nasal swab is taken and examined by a Real Time PCR-Test
3. Risk of the exam: the same of an oropharyngeal swab such as mild rhinorrhea, epistaxis and evocation of the emetic stimulus.

Interpretation of the report:

► **NEGATIVE** wain that at the time of the test no virus was detectable

► **POSITIVE** means that at the time of testing COVID 19 was detected in the sample.

PRIVACY.

Data protection rules do not hinder measures taken in the fight against the coronavirus pandemic. The fight against COVID spread is a valuable goal shared by all nations and therefore, should be supported in the best possible way. In the employment and operational context, the processing of personal data may be necessary for compliance with a legal obligation to which the employer is subject such as obligations relating to health and safety at the workplace, or to the public interest, such as the control of disease and other threats as the control of an epidemic.

Date and Place

The Declarant
