Coronavirus COVID-19 "Self-Declaration" Form

Name __________________________

1. Have you visited a risk area in the past 15 days? (China, Iran, North Italy, South Korea or other highly affected areas)
   - ☐ YES
   - ☐ NO

2. Have you had contact in the past 15 days with a person who has been in the above-mentioned risk areas and shows symptoms of illness?
   - ☐ YES
   - ☐ NO

3. Do you show any of the following symptoms/combinations?
   - Fever
   - Fever in combination with cough
   - Fever in combination with shortness of breath
   - ☐ YES
   - ☐ NO

Date __________________________   Signature __________________________

If you have answered YES to any of the above questions, please reschedule your appointment.

Data controller is Global Tungsten & Powders. The information is only used internally to protect against the spread of COVID-19 infections.