



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.