

**Questionnaire for testing of novel virus SARS-CoV-2 infection
(for foreign citizens)**

Date of specimen collection: ____/____/____

Barcode: _____
(filled by Laboratory)

Please fill out this questionnaire legibly:

Personal data	
Name (First, Last)	
Passport Number	
Country of Passport	
City, Street Address	
State/Province/Region	
ZIP/Postal Code	
Phone number	
Email	
Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Profession	

Close contacts list			
Name (First, Last)	Social Security Number	Address	Phone

According to applicable regulations, Laboratory has been under an obligation to submit all positive testing results to competent Institute for Public Health, every day in week until 12:00 for previous day. Data accuracy is a responsibility of a respondent.

Patient's signature