



Epidemiological Survey

Infection caused by the new Coronavirus – COVID-19

The Health Authority of the Autonomous Region of Madeira intends to monitor the risk associated with the disease caused by the new Coronavirus (COVID-19). We, therefore, request your cooperation in completing this survey.

Personal details

First name _____ Surname _____ Gender
 Female - Male

Birth date ____/____/____ Profession _____ Identification number _____

Telephone/Mobile phone _____ E-mail _____

Permanent Residency

Resident in Madeira - Resident outside Madeira

Address

Destination details

Destination Address

District _____ Municipality _____ Return date ____/____/____

Flight details

Origin _____ Destination _____ Flight number _____ Seat number _____ Departure date ____/____/____

Reason

Reason for travel

- Leisure
 Work
 Health

COVID-19 test

COVID-19 TESTS - Only COVID-19 tests with a negative result, performed in laboratories certified by national or international authorities, will be accepted in the 72 hours prior to disembarkation.

Did you take the COVID-19 test?

- Yes
 No

Epidemiological data

Travel history or residence in areas with **confirmed cases of COVID-19**, in the last 14 days?

- Yes
 No

Contact with a confirmed or probable case of SARS-CoV-2 or COVID-19 infection in the last 14 days?

- Yes
 No

Clinical data

Fever or **cough** or **respiratory difficulties**?

- Yes
 No

Date of onset of symptoms

___/___/___

Statements and authorizations

- I declare that I have received and understood the above identified information, the purposes for which the data are intended and their processing.
- I authorize the processing of my personal data by the Health Authority of the Autonomous Region of Madeira under the terms of the legislation in force.

Thank you for filling in this inquiry, an essential document for the Health Authority of the Autonomous Region of Madeira to monitor the risk associated with the disease COVID-19.



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www.covidmadeira.pt