**PRE-EXCERCISE EPIDEMIOLOGICAL QUESTIONARRE FOR STUDENTS**

**Filled by the student**:

**GENERAL DATA**

Name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of studies: IV, V

Group: I, II, III, IV, V, VI

Subgroup: \_\_\_\_\_\_\_

Date of exercise: \_\_\_\_\_\_\_\_\_\_

Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VACCINATION DATA\***

Vaccinated for COVID-19: YES NO

Vaccine type: a) SARS-CoV-2 Vaccine (Vero Cell) - Sinopharm

 b) Pfizer-BioNTech COVID-19

 c) Гам-COVID-Вак (Sputnik V)

 d) AstraZeneka

Date of the first dose: \_\_\_\_\_\_\_\_\_\_

Date of the second dose:\_\_\_\_\_\_\_\_\_\_

\*Vaccination certificate should be submitted for inspection

**DATA ON PREVIOUS COVID-19 INFECTION/DISEASE**

Previous COVID-19 infection/disease: YES NO

If YES, date of healing: \_\_\_\_\_\_\_\_\_\_\_\_

**Filled by the laboratory technician:**

**REZULTAT BRZOG ANTIGENSKOG TESTA**: a) pozitivan, b) negativan

Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_