

Self evaluation of the risk of infection by 2019-nCoV in case of fiduciary home isolation-Form 2, version 3.0 – 04/02/2020

(to be filled in by the person exposed to the risk at his home)

Personal data

Name:..... Surname:.....

Gender: Male Female Date of birth:..... Phone number:.....

E-mail:.....

Epidemiological link (at least one)

1. In the last 14 days, before the onset of symptoms, did the case go to a country where cases of new coronavirus pneumonia have been confirmed? Yes No Not known

If the answer is Yes,

Where check-in date:..... check-out date:.....

Where check-in date:..... check-out date:.....

Date of arrival in Italy

and/or

2. In the last 14 days, before the onset of symptoms, was the case in contact with a person suffering from new coronavirus pneumonia? Yes No Not known

Clinical information

Date of onset of symptoms:.....

Respiratory signs and symptoms: cough sore throat breathing difficulties

Systemic signs and symptoms: fever or low-grade fever headache muscle pain

generalized malaise asthenia weight loss anorexia mental confusion dizziness

Chronic disease:

Cancer: Yes No Not known, Cardiovascular disease: Yes No Not known,

Diabetes: Yes No Not known, Immunological deficit: Yes No Not known,

Respiratory disease: Yes No Not known, Kidney disease: Yes No Not known,

Metabolic disease: Yes No Not known, Obesity : Yes No Not known,

Other:

In the presence of an epidemiological criterion, at least one respiratory sign or symptom and/or at least one systemic sign or symptom, contact your general practitioner rather than the reference Infectious diseases based on your discharge or directly on 118 in case of relevant symptoms. If in doubt, contact the toll-free number 1500.