

INDIVIDUAL ASSESSMENT AND LOCATION IN ROMANIA QUESTIONNAIRE

罗马尼亚问卷调查中的个人评估和位置

First Name 名字: _____ Date of birth (D/M/Y): ____/____/____

出生日期 (日/月/年) :

Surname (s) 姓氏: _____

Gender 姓氏: M 男 F 女

Passport Series 护照系列: _____ No 号码 _____ Country of Origin 原产国: _____

Starting point of present voyage: Country 国家 _____ Locality 地区: _____ Date 日期: _____

航程的起点 :

Date of arrival in Romania: _____; Date of departure from Romania: _____

抵达罗马尼亚的日期 :

离开罗马尼亚的日期:

I estimate that I'll remain in the following locations, in Romania, for more than 24 hours:

我估计我将在罗马尼亚的以下地点停留 24 小时以上 :

Crt. No.	Location 位置 (City 城市)	Date of arrival 抵达日期	Date of departure 离开日期	Accommodation full address 住所, 完整地址

During my stay / travel in Romania, I can be contacted at:

在我逗留期间/旅游在 罗马尼亚 , 可以通过以下方式与我联系 :

Phone no 电话号码: _____;

E- mail 电子邮件: _____;

1. Do you live in an area where there are persons suffering from novel Coronavirus 2019-nCoV? 您居住在有人感染新冠病毒 2019-nCoV 的地区吗?

yes 是 no 不是

2. Have you been in contact with someone suffering from 2019-nCoV at home, job, in your neighbourhood or while visiting a hospital or other places in the last 14 days? 最近 14 天在您是否曾与感染新冠病毒 2019-nCoV 的人接触在家里, 工作, 在您附近或在去医院或其他地方时?

yes 是 no 不是

3. Have you been hospitalized in the last 3 weeks? 最近三周您住院了吗?

yes 是 no 不是

4. Have you experienced any or several of the following symptoms?

您是否经历过以下任何一种或几种症状?

• Fever 发热	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 不是
• Difficulty swallowing 吞咽困难	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 不是
• Difficulty breathing 呼吸困难	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 不是
• Intense coughing 剧烈咳嗽	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 不是

Important Notice & Consent: In the context of the evolutions registered starting with January 2020 in relation with **Pneumonia with novel coronavirus 2019 -nCoV**, in order to be allowed to stay in Romania, aliens from or who have recently travelled to CHINA AND/OR LOMBARDIA AND VENETO REGIONS (ITALY), are required to fill-in the questionnaire enclosed above. Please note that the data and information provided herein is deemed for consultation, collection and processing by the _____ county Public Health Directorate, as public authority, notified as personal data controller, under registration n^o _____. The required information is processed in accordance with the provisions of *Reglement n^o 679/2016 on the Protection of Individuals with Regard to the Processing of Personal Data and the Free Movement of Such Data*, in strict compliance with the

principles related to fundamental rights. Individuals the personal data of which is being processed benefit from the right to exert their rights of amendment, intervention and opposition, via a signed, dated and written request addressed to the data controller. 根据第 679/2016 号《关于保护个人数据处理和此类数据自由流通的个人的规定

- I am aware that a refusal to submit the filled-in questionnaire triggers the refusal of my entry in the Romanian territory, for the purpose of eliminating any possible threats to the public health of Romania. 我知道拒绝提交填写好的调查问卷会导致我拒绝进入罗马尼亚领土，以消除对罗马尼亚公共卫生的任何可能威胁。
- I hereby consent that the information provided may be consulted and processed, by the _____ county Public Health Directorate, with the consultation of designated Romanian authorities that bare competencies in the field of sanitation and emergency /crisis management. 我特此同意，_____县公共卫生局可以咨询和处理所提供的信息，并请指定的罗马尼亚当局在环境卫生和紧急情况/危机管理领域无能为力。
- I have taken note and am aware of the information provided here. 我已注意到并了解第这里点提供的信息
- I hereby declare that all the answers provided to the questions above, entirely correspond to my current situation. 我特此声明，对以上问题的所有回答均完全符合我的当前情况

Place and date 地点和时间: _____; **Signature 签名:** _____;

Legendă pentru personalul DSP: Risc crescut de contagiozitate = „Yes” la punctul 4. Risc crescut de expunere = „Yes” la punctele și 1, 2, 3 Risc scăzut = „No” la toate întrebările