

SYMPTOMATOLOGY SHEET OF COVID- JUDICIAL DECLARATION

CONFIRMATION BY CUSTOMER:

I declare that I have received the explanations and instructions regarding this symptomatology formular and I promise to answer truthfully:

I, of nationality with the passport No. declare that I have not had any of the following symptoms:

SYMPTOM/DETAILS:	YES	NO
1. Feeling of high body temperature or fever		
2. Cough, sneeze or difficulty of breathing		
3. Expectoratation: yellow or green mucus		
4. Contact with people who have COVID-19		
5. 6. I am taking the following medication: <i>*Please describe precisely which ones:</i>		

All the information that I filled out is an affidavit on my part. I am aware that omitting or declaring false information could harm the health condition of all the persons I have contact with. I am aware of this and take the full responsibility.

Date:/...../.....

Signature:

***CONFIRMATION OF RECEIVEMENT BY STAFF:**

I with the DNI/Carnet Extranjería No confirm the receivement of this document.

Date:/...../.....

Signature: