

COURSE NAME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

## Corona Virus Prevention – Student Travel Questionnaire

1. What was your method of travel to NSOS?
  - AIR
  - Train
  - Car
  - Other: \_\_\_\_\_
  
2. Have you been to one or more of the affected areas in Europe or elsewhere [Mainland China; Republic of Korea; Milan (IT); Lombardy region of Italy, Veneto region of Italy] in the previous three weeks?
  - NO
  - YES-please specify Region/City: \_\_\_\_\_
  
3. Did you have visitors at your home or at work from one of the aforementioned areas in the previous three weeks?
  - NO
  - YES-please specify Region/City: \_\_\_\_\_
  
4. Please let us know the areas where you spent the last three weeks (Region/City):
  - Week before course \_\_\_\_\_
  - 2 Weeks before course \_\_\_\_\_
  - 3 Weeks before course \_\_\_\_\_
  
5. Do you currently have any of the following symptoms: fever, cough, shortness of breath?
  - NO
  - YES, \_\_\_\_\_
  
6. Did you have contact with a person with laboratory confirmation of COVID-19 infection in the 14 days prior to onset of the symptoms?
  - NO
  - YES, \_\_\_\_\_