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, ________________________________