Attachment No. 2 (SOP-Org. 1_version 12)

COVID-19 QUESTIONNAIRE

(the data contained herein is subject to medical confidentiality
and used for the purpose of qualifying the child's mother for the collection of cord/ placental blood)

Name and surname of the mother: ....

Polish Resident ID No. of the child's mother: ....

Contract No. (filled in by the employee): ....

FILLED IN BY THE MOTHER:

Choose the answer to your current and best knowledge by placing an "X" next to the answer of your choosing.

1. Have You had infection COVID-19?

YES ☐ NO ☐

2. Over the last 4 weeks, have you experienced any of the symptoms listed below which may indicate that you may have had COVID-19:

	YES (please specify when)	NO	I CAN'T REMEMBER
Fever (temperature over 38 °C)			
difficulty breathing			
dry cough			
muscle or joint pain			
runny nose			
fatigue			

3. During the last 4 weeks have You had a contact with person who had characteristic symptoms for COVID-19?

YES ☐ NO ☐

4. Have you been vaccined for COVID-19?

YES ☐ NO ☐

If YES, please provide the answers: a) how many times? b) when were You vaccined (last dose)?

....

Date .... **Mother's signature** ....

Date .... **Signature of the Supervising Physician** ....

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