

**EPIDEMIOLOGIC SURVEY
SEROPREVALENCE STUDY FOR HEALTHCARE WORKERS**

National identity document:*

Age:

Gender:

Healthcare Job*

Location*

Personal Identification Number

Phone Number*

Email*

Shift*

Have you been diagnosed of COVID-19 with a PCR positive test?

Have you had a rapid test related to COVID-19?

And any serological test (blood extraction)?

Have you required hospitalization because of COVID-19?

Have you experienced any of the following symptoms during the present pandemic: cough, short breath, fever, chills, headache, sore throat, loss of smell, loss of taste, asthenia?

Have you been in contact with COVID-19 positive patients during your work hours?

Have you been in contact with COVID-19 positive patients at home?

Have you been positive for any kind COVID-19 test, without experiencing any symptoms?

The worker consents to participate in the seroprevalence study and accepts that the data will be evaluated by the Disease Prevention Unit (UBP) with the intention of knowing the worker's COVID-19 serological status.

I accept: