

VISITOR HEALTH INFORMATION FORM

Enverson 1	Document No.	Pub. Date	Rev. No. / Rev. Date	Page No.	
IVERSITY	KYS-PD-01-EK13-ENG	04.06.2020	1 / 03.09.2020	1 / 1	

PERSONAL INFORMATION							
Name-Surname							
Contact Info. (Cell Phone / E-Mail)							
HES Code (Permanent)							
Institutional Information							
Residential Information							
Person or Unit to be Visited							
Reason for Visit (Training, meeting, etc.)							
The worldwide coronavirus outbreak (COVID-19) was declared pandemic by the World Health Organization as of March 11th, 2020. TED University has been taking health measures in line with the directives issued by official authorities and keeping abreast of recent developments since the day the first case was announced in Turkey. We kindly ask you to fill in this form honestly in order to help protect the public health and ensure implementation of preventive medicine, medical diagnosis, care and treatment activities which will reduce the risk of exposure and spread of the virus. Thank you for your support.							
MEDICAL HISTORY	Yes / Please explain	No					
Do you have symptoms (fever, cough or diffic breathing) which may suggest COVID-19?			Approval/ Signature				
I consent to the measurement of my bod I hereby agree and declare that the detail		_					
MEASUREMENT OF	T 7						
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