

Coronavirus Self-Declaration Form

Due to the directive from the Romanian Ministry of Health limiting the events that take place on school campuses we are requiring all visitors to American International School of Bucharest (AISB) to fill-out the self-declaration form below. AISB reserves the right to deny entry to campus if the answer is “Yes” to any of the below:

| | |
|-------------------|--|
| First Name: | |
| Last Name: | |
| Reason for visit: | |

1. Do you now have any of the following flu-like symptoms?

| | | |
|-----------------------|------------------------------|-----------------------------|
| Fever (38° or higher) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Breathlessness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|------------------------|------------------------------|-----------------------------|
| Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Running nose | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Others: Please specify | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Have you or any immediate family member been to any countries/cities outside the Bucharest area in the last 30 days?

| | | |
|--|------------------------------|-----------------------------|
| I have traveled outside Bucharest in the last 30 days. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If yes, please indicate the following:

| | |
|--------------------------------|--|
| Name of Country/ Countries: | |
| Date of arrival(s): | |
| Date of departure(s): | |

3. Have you or an immediate family member travelled to an affected area?

| | | |
|--|------------------------------|-----------------------------|
| I have traveled to an affected area within the last 30 days. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Date: _____

Signature: _____