лабораторија avicena

ПЗУ АВИЦЕНА ЛАБОРАТОРИЈА
СПЕЦИЈАЛИСТИЧКА ДИЈАГНОСТИЧКА ЛАБОРАТОРИЈА
❖ **ЛОКАЦИЈА 1** Бул. 8 Септември бр. 2, лок. 1, 1000 Скопје; тел: 02 3179 001; lab@avicenalab.com.mk
ЛОКАЦИЈА 2 Бул. Јане Сандански бр.48,1000 Скопје; тел: 02 2477 345; lab2@avicenalab.com.mk
ЛОКАЦИЈА 3 ул. Благоја Тоска бр.222, 1200 Тетово; тел: 044 355 550, 044 355 551; labtetovo@avicenalab.com.mk

PATIENT QUESTIONARRY for COVID-19 testing

Please fill in this form. Please fill in all the required fields.

Name and surname: _____

Personal ID number: _____

Address:_____**Municipality:**_____**City:**_____

Phone No.: _____**E-mail:**_____

Please choose the type of test for COVID-19:

1. Molecular RT-PCR test **2. Ultra-fast molecular test** **3. Rapid antigen test**

1. DO YOU FEEL ANY OF THE FOLLOWING SYMPTOMS AT THE MOMENT?

A. Fever (high body temperature)

Б. Sore throat, cough, difficulty breathing

B. Fatigue

2. DID YOU HAVE PREVIOUS CONTACT WITH CONFIRMED/SUSPECTED PERSON WITH COVID-19?

A. YES **B. NO**

3. DID YOU HAVE A PREVIOUS COVID-19 TEST? If yes, which type of test?

A. YES _____ **B. NO**

I responsibly declare that the given data is correct.
With my signature I confirm that the results can be sent to the above e-mail address.

Signature:_____ Date:_____

Thank you for your cooperation.