

AFFIDAVIT OF HEALTH AND RISK FACTORS DURING COVID CORONAVIRUS PANDEMIC 19

(Personnel external to SERNANP)

You have received an explanation of the purpose of this evaluation and the information provided in this Affidavit is true, therefore, I assume the responsibility that may arise from its falseness or inaccuracy.

I hereby declare, within the framework of Ministerial Resolution No. 283-2020-MINSA¹

	I am not considered to be in the risk group
	I am considered to be in the risk group

Please answer the following questionnaire (up to question 6):

Symptoms		Yes	No
1	Are you having a cough?		
2	Do you have a sore throat?		
3	Do you have general malaise?		
3	Have you had a fever? (over 37.5°C)		
4	Do you have a headache?		
5	Do you have difficulty breathing? (as if no air is getting into your chest)		
6	Do you have nasal congestion?		

Suspicious Case (Submits Question 1 and/or Question 2; in addition to one or more of questions 3 through 6):

Yes		No	
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Date: _____

Signature	
DNI / Foreign Card / Passport:	Fingerprint
First name(s) and surname(s):	

1 People over 65 years old, as well as those who suffer from: Uncontrolled arterial hypertension, severe cardiovascular diseases, cancer, diabetes mellitus, obesity with BMI>40; moderate or severe asthma, chronic pulmonary disease, chronic renal failure in treatment with hemodialysis, disease or immunosuppressive treatment.