**BĮV 002 – AASPP PLAN FOR THE PHASE RENEWAL AND PROVISION**

**ANNEX 4**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(patient's full name, date of birth)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(full name of the patient's legal or authorised representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(address, e-mail address, telephone)

**EPIDEMIOLOGICAL DECLARATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date)

By signing this document, I certify that:

Within the period of 14 days I ***was not/***  ***was*** abroad

If you have visited abroad, indicate the country:

Within 14 days period before the visit to ASPĮ I ***had no/*** ***had*** a contact with a person who has travelled abroad

Within 14 days period before the visit to ASPĮ I ***had no/***  ***had*** contact with a person confirmed or likely (suspected) of having COVID-19.

Currently I ***have no fever/*** ***have fever*** and within 14 days period before the visit to ASPĮ I ***had no fever/*** ***had fever***

Body temperature indications (to be completed if the patient has / had a fever);

Within 14 days period before the visit to ASPĮ I ***had no/*** ***had*** breathing disorders (e.g. cough, shortness of breath, difficulty breathing, smell or taste disturbance, etc.), did not feel severe fatigue, loss of appetite ***.***

Within 14 days period before the visit to ASPĮ I ***had no/*** ***had*** contact with 2 or more persons with fever and/or persons experiencing breathing problems (e.g. coughing, suffocating, etc.) ***.***

I am aware and have been explained my liability for violations of the Republic of Lithuania Law on Civil Protection and the Republic of Lithuania Law on the Prevention and Control of Communicable Diseases, as well as liability for violations of the rules of epidemic or communicable disease and consequences thereof.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) (name of the patient or his representative)