

VSTOPANJE V PROSTORE PROIZVODNJA IN ANALITSKI LABORATORIJI PRILOGA 12: COVID 19 vprašalnik / COVID 19 checklist	Pharma  Hemp®
	Šifra: OBR9-SOP-GEN-001
	Verzija: 08

COVID 19 vprašalnik / COVID 19 checklist

Ali imate katerega od naštetih simptomov / Do you have any of the following symptoms		
Vročina ali mrzlica / Fever or chills	DA / YES ☐	NO / NE ☐
Kašelj / Cough	DA / YES ☐	NO / NE ☐
Težko ali oteženo dihanje / Shortness of breath or difficulty breathing	DA / YES ☐	NO / NE ☐
Utrujenost / Fatigue	DA / YES ☐	NO / NE ☐
Bolečine v mišicah / Muscle or body aches	DA / YES ☐	NO / NE ☐
Glavobol / Headache	DA / YES ☐	NO / NE ☐
Nedavna izguba vonja ali okusa / New loss of taste or smell	DA / YES ☐	NO / NE ☐
Vneto grlo / Sore throat	DA / YES ☐	NO / NE ☐
Zamašen nos ali izcedek iz njega / Congestion or runny nose	DA / YES ☐	NO / NE ☐
Slabost ali bruhanje / Nausea or vomiting	DA / YES ☐	NO / NE ☐
Driska / Diarrhoea	DA / YES ☐	NO / NE ☐
Ali se na splošno počutite slabo / Do you feel sick	DA / YES ☐	NO / NE ☐
Ste bili pred pojavom slabega počutja v kontaktu z osebo s potrjeno okužbo s COVID-19 / In the two weeks before you felt sick, have you been in close contact with someone who has COVID-19?	DA / YES ☐	NO / NE ☐

V primeru, da označite DA, javite to vodji ali direktorju org. enote Proizvodnja (MAN/PRO ali CDO/PRO).
If you cross any of YES boxes, report to Production Manager or Chief Production Officer!

Izjavljam, da so navedeni podatki resnični. / I hereby declare, that given statements are true.

Obiskovalec (datum, podpis): / Visitor (date, signature):

Spremljevalec (datum, podpis): / Accompanying person (date, signature):
