

Health Form - to be filled in immediately upon registration

Please answer these questions about your health so that you may receive the care you need.

Male

Female

Do you have any urgent injuries or other urgent bodily complaints?

Are you in urgent need of any medication, such as insulin or asthma drugs?

Are you pregnant? If so, in what week?

Do you have any symptoms that could be signs of Covid-19?

Common symptoms include head cold, cough, fever, headache, aching joints, sore throat

Have you been vaccinated against Covid-19? How many doses?

Given name(s) and family name(s) (Please write your name using the same Latin characters as shown in your passport, not using the Cyrillic alphabet)

Personal identity number

Contact information

Locality in Ukraine (e.g. Kyiv)

Passport number/LMA number