**APPENDIX MEDICAL FORM FOR HELTH MONITORING OF PARTICIPANTS (type all information on computer except signature)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TABLE 1** | **Country / Organization of participant:** | | | | | | | | | | | | | |
| Send as  PDF file to [events@agf.az](mailto:events@agf.az)  not later than your PCR test day | First name, second name, contact mobile phone number and e-mail of HoD: | | | | | | | | | | | | | |
| First name, second name and position of participant: | | | | | | | | | | | | | |
| Contact mobile phone number, WhatsApp number, and e-mail of participant: | | | | | | | | | | | | | |
| Did the participant have close contact with a person with COVID-19 disease within last 14 days? (+ or -): | | | | | | | | | | | | | |
| **Date (period of last 10 days before PCR test)** | Symptoms\* | | | | | | | | | | | | | |
| Body tempr.  (in the morning \  in the evening), °C | Cough    (+ or -) | Abnormal dyspnoea  (+ or -) | Stuffy \ runny nose  (+ or -) | Sore throat  (+ or -) | Loss of smell  (+ or -) | Loss of taste  (+ or -) | Unusual aches  (+ or -) | Unusual headaches  (+ or -) | Diarrhea    (+ or -) | Vomiting    (+ or -) | Abnormal fatigue  (+ or -) | Red eyes  (+ or -) | Skin  rash  (+ or -) |
| 00.00.2021 | \ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00.00.2021 | \ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00.00.2021 | \ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00.00.2021 | \ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00.00.2021 | \ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00.00.2021 | \ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00.00.2021 | \ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00.00.2021 | \ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00.00.2021 | \ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00.00.2021 | \ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \*Dear colleagues, please note that the presence of one of the symptoms is a reason for an immediate visit to a doctor and for RCP test for COVID-19 infection.  **Person responsible for health monitoring:** Participant’s hotel in Baku: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First name, second name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and time participant’s flight from Baku (AZE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Responsible person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |