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

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| **TABLE 1** | **Country / Organization of participant:** |
| Send as PDF file to events@agf.aznot 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 -) | Skinrash(+ or -) |
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| \*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |