

I. SURVEY IN CONNECTION WITH A HEALTH SERVICE

Part 1. Student/Parent Details

Last name		
First name		
Student ID / Date of Birth		
Parent Last Name		
Parent First Name		
Parent ID		
Parent Mobile Phone # / E-mail		

Part 2. Survey (for the student named above)

	Yes	No	Don't know
1. Are you currently in a mandatory quarantine?			
2. Have you had contact with a person diagnosed with COVID19 in the last 2-14 days?			
3. In the last 2 days, was your body temperature higher than 37.8 °C?			
4. Have you experienced any of the following symptoms in the recent days?			
a) new cough or worsening of an existing cough			
b) shortness of breath			
c) reduced or loss of the sense of taste or smell			
d) sore throat and/or muscle aches			
e) fever/chills			
f) diarrhea or vomiting			
g) tiredness or weakness			
h) difficulty swallowing, thirst, or loss of appetite			
5. Have you had contact with a person who had any of the above symptoms in the last 2-14 days?			
6. Have you returned from abroad less than 72 hours ago?			
7. Have you been to a hospital, hospice, hairdresser's in the last 2-14 days?			
8. In the last 72 hours, have you been in an area with a significant increase in the number of new COVID19 cases?			
9. Have you had regular contact with individuals at high risk of COVID-19 in last 2-14 days (e.g. medical professionals)?			

II. CONSENT TO HEALTH SERVICE PROVISION

1. As a parent / legal guardian of my child _____
(name and last name) born on _____ ("Child"):
2. I agree that my Child is provided with health services in the form of SARS-CoV-2 virus tests, antigen tests, and PCR tests ("Tests") by Epixpert sp. z o.o. with its registered seat in Warsaw (00-014 Warsaw), ul. Stanisława Moniuszki 1A ("EpiXpert") or entities acting on its behalf, in particular Diagnostyka Spółka z ograniczoną odpowiedzialnością with its registered seat in Cracow (31-864 Cracow), ul. prof. Michała Życzkowskiego 16;
3. I represent that the consent specified in point 1 above is granted for my Child being tested:
once and then once a week or more frequently in the period between August 2020 and June 2021;
4. I agree to EpiXpert getting familiarized with the information provided in the above survey including the information about my Child's health;
5. I am aware that providing the data contained in the survey is necessary to assess the correctness of Test results, therefore I represent that I have completed the survey truthfully and completely;
6. I consent to the preparation and storage by EpiXpert of the necessary medical documentation and having access to such documentation;
7. I am aware of and accept the risks and dangers related to the participation of the Child in Tests.

Legal representative / guardian of the Child:

(Name and last name)

(Date, signature)

III. CONSENT TO PROCESSING AND TRANSMISSION OF PERSONAL DATA CONCERNING HEALTH

As the parent / legal guardian* of the Child, I consent to the processing by Epixpert or entities acting on his behalf, in particular Diagnostyka Sp. z o.o. of personal data regarding the Child's health provided in the above survey for the purposes necessary to assess the correctness of Test results.

Legal representative / guardian of the Child:

(Name and last name)

(Date, signature)

In addition, due to the epidemic in the Republic of Poland and the need to protect the lives and health of students of the American School of Warsaw in association with the U.S. Embassy in Warsaw, with its registered office in Bielawa, ul. Warszawska 202, 05-520 Konstancin-Jeziorna ("School") against the risk of infection with SARS CoV-2, as a parent / legal guardian* of the Child:

1. I agree that positive Test results will be passed on by EpiXpert or entities acting on its behalf to the School - only a positive Test result will be submitted to the School;
2. I consent to the processing of the Test results by the School in order to verify whether there are any contraindications for the Child's to attend the School and whether the Child can safely participate in school activities;
3. I am aware that in the event of a positive Test result (confirmed with a PCR Test), my Child will not be allowed to participate in school activities taking place at the School;
4. I am aware that detailed information on data processing by the School can be found in PowerSchool and will be communicated by e-mail/other electronic means.

Legal representative / guardian of the Child:

(Name and last name)

(Date, signature)

GDPR Information clause – EpiXpert

Your and your Child's personal data included in this form and obtained during the Tests ("Personal Data") will be processed by EPIXPERT Sp. z o.o. (NIP 525-282-16-96, ul. S. Moniuszki 1A, 00-014 Warsaw, rodo@epixpert.pl; hereinafter, the "Controller") for the purpose of providing health (diagnostic) services, including keeping medical records. The basis for the processing of your and your Child's Personal Data for this purpose is art. 6 sec. 1 letter c) and art. 9 sec. 2 lit. h) GDPR in connection with art. 3 clause 1 of the Act on Medical Activity and art. 24 of the Act on Patient Rights and the Patient Ombudsman. Providing data is voluntary, but we will not be able to provide the service to you. Your data will be made available to entities acting on behalf of the Controller, in particular Diagnostyka Sp. z o.o. Your data will also be made available to the American School of Warsaw with its registered seat in Bielawa in order to verify, whether there are any contraindications for your Child's participation in school activities. You have the right to request that the School gives you access to your and your Child's personal data, the right to have it corrected, deleted or its processing limited, the right to object against data processing, as well as the right to data portability. The data will not be transferred outside the European Economic Area or to international organizations. More information on the processing of your personal data is available at: www.epixpert.pl/rodo and overleaf.

I confirm that I have received and read the information provided above regarding processing of my and my Child's personal data by EpiXpert:

Legal representative / guardian of the Child:

(Name and last name)

(Date, signature)

* delete as appropriate