

## Pasaport medical COVID-19

Name/Numele meu: \_\_\_\_\_

DOB/Data nasterii: \_\_\_\_\_

Gender/Sexul: Masculin  Feminin

My Marital Status/Starea civila: Married/Casatorit  Separated/Separat

Widow/Vaduv(a)  Single/Singur  Other/Alta  Details/Detalii:

I have/Am \_\_\_\_ Kids and their names/copii si numele lor este: \_\_\_\_\_

Address/Locuiesc in \_\_\_\_\_. Phone nr/Numarul meu de telefon \_\_\_\_\_

Eircode/Codul postal: \_\_\_\_\_

I speak Romanian or Romani/Vorbesc limba romana si/sau romani

English language level/Nivelul de limba engleza este : Nothing/Zero  Little/Un pic   
Basic/Binisor  Good/Bun

I need an interpreter/Am nevoie de un translator: Yes/Da  No/Nu

If 'Da' please ring Access Translations (021) 4316022

I have the following symptoms /Am urmatoarele simptome: Cough/Tuse  Fever/Febra  Breathing difficulties/Dificultati de respiratie  Other/Alte simptome  Details/Detalii:

I have Underlying Health Conditions/Am si alte problem medicale: Yes/Da  No/Nu   
Details/Detalii:

I am on Current Medication/Iau medicamente acuma: Yes/Da  No/Nu   
Detalii:

My GP is/Medicul meu de familie este Dr. \_\_\_\_\_

His phone number is/Numarul lui de telefon \_\_\_\_\_

Contact Person/Persona de contact: Husband/Sot  Wife/Sotie  Parent/Parinte  Friend/Prieten   
Relative/Ruda  Details/Detalii:  Other/Altii  Details/Detalii:

Name/Nume: \_\_\_\_\_

Phone Nr/Numar de telefon: \_\_\_\_\_

Any other relevant information/Alte informatii importante: