IFAD
Investing in rural people

IFAD Medical Services | Occupational and Travel clinic

COVID-19 PERSONAL HEALTH RISK ASSESSMENT FORM

REQUEST FOR MEDICAL CLEARANCE TO PARTICIPATE IN PERSON

Name of meeting: Annual General Assembly GPR
Date of meeting: 14.06.2022

PERSONAL INFORMATION

Full name

Country / Organization

Date of birth

Female ☐ Male ☐

Telephone (Please add your international prefix)
+

Email

TRAVEL ROUTE
Traveling from - (Country – Location)

Entry into Rome or other Italian city (Specify the city)

Stopover countries: Please write here the location(s) and number of days spent

Where have you travelled to in the last 30 days?

Country	City	Date of Entry	Date of Exit

Date of arrival in Rome

QUESTIONS

	Yes	No
Have you travelled to any high-risk locations in the last 14 days? We define "high-risk location" as any defined geographical area (e.g. city, region, country) with a number of new cases per 1 million persons per day, averaged over the last 7 days, that is greater than the corresponding value for Rome or Italy in general, and where RTO is cleared and operational.	☐	☐
Have you visited any high-risk establishments in the last 14 days? (e.g. hospitals, clinics, public health departments)	☐	☐

If yes, please specify the establishment(s) and their location(s) here.

QUESTIONS

	Yes	No
Have you cared for sick people with fever or flu-like symptoms in the last 14 days?	☐	☐
Have you had any contact with confirmed / suspected / probable COVID-19 patients?	☐	☐
Have you had a COVID-19 infection recently?	☐	☐

If yes, when did you recover? ☐

Have you done a COVID-19 Test recently (Antigen, PCR), if yes

If yes, what was the outcome? POSITIVE ☐ NEGATIVE ☐

Have you been vaccinated for COVID-19?	☐	☐

If yes please enter date: ☐

If yes, specify the type of vaccine (e.g Pfizer, Astrazeneca, J&J, Moderna, Sputnik/other)

☐

Have you completed the whole series of vaccination?	☐	☐

If yes, could you indicate below the date of the different doses

First dose ☐ Second dose ☐

Third dose ☐ Other dose ☐

PLEASE DO NOT ACCESS TO THE MEETING VENUE IF YOU HAVE FEVER OR FLU-LIKE SYMPTOMS