



ET donor number:

**COVID-19 FORM FOR FOREIGN ORGAN PROCUREMENT TEAM MEMBERS
prior to entry to Hungary**

NAME:

.....

INSTITUTE:

.....

.....

POSITION: procurement surgeon / perfusionist / transplant coordinator

I hereby declare that:

- I have not had positive SARS-CoV-2 PCR test result during the last 14 days, if any,
- I did not have illness with fever during the last 14 days,
- I did not have contact with confirmed SARS-CoV-2 infected person during the last 14 days,
- I will wear FFP2 mask from entering the territory of Hungary to leaving the country.

Date:

Signature:

Please send back the filled, undersigned form to:

Fax: +36-1-398-11-77

OR

email: coordinator@ovsz.hu