

**COVID Form**  
(please submit only after your arrival to Hungary)

<b>1. Personal information</b>	
1.1. Name (as written in your passport):	
Given name:	.....
Family name:	.....
1.2. Passport number:	.....
1.3. Citizenship:	
1.4. Place of birth:	
1.5. Date of birth:	
1.6. Mother's maiden name (before marriage):	
Given name:	.....
Family name:	.....
1.7. Home country address (permanent):	
Country:	
City:	.....
1.8. Neptun code (if you have any)	
1.9. Are you a freshman?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10. Would you like to get tested?	<input type="checkbox"/> <b>Yes</b> , I request the UD to organize 2 PCR tests for me to shorten my quarantine obligations <input type="checkbox"/> <b>No</b> , I would like to stay in home quarantine for 14 days. I keep the rules of the self-quarantine.
1.11. Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>2. Contact information</b>	
2.1. Mobile phone number:	
2.2. E-mail address:	
verify	.....

2.3. Quarantine address: (street, number, building, floor, flat number)	
City:	
Street:	.....
House number:	.....
Building:	.....
Floor:	.....
Flat number:	.....
2.4. Your address in Hungary: (street, number, building, floor, flat number)	<input type="checkbox"/> Same as my Quarantine address
City:	
Street:	.....
House number:	.....
Building:	.....
Floor:	.....
Flat number:	.....
2.5. Faculty at the University:	
<b>3. Travel/arrival information</b>	
3.1. Entering Hungary	
Date of arrival to Hungary:	
Place of entering Hungary:	
3.2. Country of origin (where you started your trip to Hungary):	
3.3. List of transit countries (which country you came through during your trip to Hungary) Please select all that applies!	
3.4. Who did you arrive/travel with?	
Person 1	
Given name:	.....
Family name:	.....
Person 2	

<b>4. Covid/epidemiological observation information</b>	
4.1. Do you have any coronavirus disease symptoms? (fever / high temperature, cough, difficulty breathing, muscle pain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify:	
4.2. Did you get a red warning sign sticker at the airport / country border?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3. Do you stay together with someone during the epidemical observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Given name:	.....
Family name:	.....
4.4. Is there anybody who can help you in these days? (for example: food shopping)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5. Can you order food online?	<input type="checkbox"/> Yes <input type="checkbox"/> No