

**COVID 19 POSITIVE TEST REPORTING FORM**

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| **Surname and name:** |  | |
| **Address:** |  | |
| **Study programme:** |  | |
| **Study track:** |  | |
| **Year of study:** |  | |
| **Status:** |  | |
| **Phone number:** |  | |
| **Testing date:** |  | |
| **Indicate which ONSITE classes and with which teacher the student attended in the last week:** | | |
| **DATE / DAY**  **E.g. 25.10.2021 / Monday** | **course** | **teacher** |
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*Data are collected for the purpose of conducting health care at the Faculty of Tourism and Hospitality Management and submitted to the faculty doctor.*