

Form 2: **Eligibility assessment for accommodation in an isolation residential unit**

Name of person requiring accommodation in a residential unit for quarantine (hereinafter *person*): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address (permanent/temporary residence): \_\_\_\_\_

Mobile no. (please provide the number where the person can be reached during their stay in the residential unit for quarantine): \_\_\_\_\_

Address where the person is staying: \_\_\_\_\_

(provide the address where the provider of transportation can pick up the person, if the person cannot organise the transportation to the residential unit for quarantine)

The epidemiological service established that the person has come into high-risk contact with a person with confirmed SARS-COV-2 infection through laboratory testing and the epidemiological service proposed the issuance of quarantine

☐ YES ☐ NO

The person has permanent or temporary residence in the Republic of Slovenia

☐ YES ☐ NO

The person cannot carry out the quarantine measure at their permanent or temporary residence or other suitable premises

☐ YES ☐ NO

The person states that he/she is completely independent in taking care of themselves (washing, getting dressed, feeding, movement, taking medications)

☐ YES ☐ NO

(note: if the response is NO, the person cannot be referred to the residential unit for quarantine)

Date of end of quarantine: \_\_\_\_\_

First name and surname of epidemiologist (printed):

\_\_\_\_\_

Date and place:

Signature and stamp of epidemiologist:

\_\_\_\_\_

## **Person's consent**

I, the undersigned \_\_\_\_\_ (first name and surname of person), born on \_\_\_\_\_ (date of birth), residing at: \_\_\_\_\_ (give address) hereby confirm that I am unable to carry out the quarantine measure at my address of permanent/temporary residence or in other suitable premises. I agree with being housed in a residential unit for quarantine for the duration of the quarantine measure in accordance with the issued decision. I hereby issue my consent to the Ministry of Health of the Republic of Slovenia for data and information collection and processing in order to organise transportation and accommodation in the residential unit for quarantine, in particular:

- name;
- date of birth;
- address of permanent/temporary residence;
- information regarding the duration of the quarantine; and
- mobile number \_\_\_\_\_ (give mobile telephone number) where I can be reached during the quarantine measure.

I state that I am independent in taking care of myself (washing, getting dressed, feeding, movement, taking medication)

First name and surname (printed):

\_\_\_\_\_

Date and place:

Signature:

\_\_\_\_\_