

## QUESTIONNAIRE ON THE PREVENTION OF COVID-19 DISEASE (CORONAVIRUS INFECTION)

To be presented to Public Company ORLEN Lietuva Pass Office

**Table 1**

	Question	No	Yes
	Do you have a document issued by a health care institution (HCI) proving that you have recovered from COVID-19 disease (coronavirus infection), and the diagnosis has been confirmed on the basis of a positive SARS-CoV-2 PCR test not earlier than 90 days prior to return / entry to the Republic of Lithuania, or hold a document issued by a health care institution (HCI), a national vaccination certificate or an international vaccination certificate proving that you have passed full vaccination program with vaccine listed in the Register of Medical Products of the European Union? <sup>1</sup>		

**Note:** <sup>1</sup> If you hold one of documents mentioned herein in any official EU language, mark 'Yes' and do not proceed with answering further.

**Table 2**

No.	Question	No	Yes
1.	Have you visited, over the last 10 days, a foreign country that is on the list of COVID-19 affected countries, as approved by Minister of Health of the Republic of Lithuania, with applicable mandatory self-isolation upon arrival? <sup>2</sup>		
2.	Have you been in close contact over the last 14 days with COVID-19 positive person?		
3.	Have you been in close contact over the last 14 days with somebody in isolation?		
4.	Have you been in close contact over the last 14 days with a person having arrived or returned from a country which is on the list of COVID-19 affected countries, as approved by Minister of Health of Republic of Lithuania, with applicable mandatory self-isolation upon arrival?		
5.	Do you currently have any of the following symptoms: cough, fever, difficulty breathing, sudden loss or change of sense of smell or taste, headache and muscle aches, chills, tiredness, vomiting and/or diarrhea?		
6.	Have you experienced any of the following symptoms in the last 14 days: cough, fever, difficulty breathing, sudden loss or change of sense of smell or taste, headache and muscle aches, chills, tiredness, vomiting and/or diarrhea?		
7.	Have you had any acute smell and taste disorders in the last few days?		
8.	Have you been in contact over the last 14 days with somebody that has fever and/or breathing problems (e.g., sneezing, coughing, shortness of breath)?		

**Note:** <sup>2</sup> If you have arrived from the affected country and have a test for COVID-10 disease (coronavirus infection) taken not earlier than 72 hrs before entry to the Republic of Lithuania, which is negative, mark 'No'.

I, the undersigned, certify that the information provided in the questionnaire is correct:

Signature, name surname, date \_\_\_\_\_

Employer \_\_\_\_\_

The Company complies with the provisions of the General Data Protection Regulation EU 2016/679. Your data provided herein will be stored for no longer than the period established by legal acts concerning announcement of state-level emergency situation. Information on data protection is available on our website at

<https://www.orlenlietuva.lt/LT/Company/Puslapiai/Asmens-duomen%c5%b3-apsaugos-politika.aspx>

For any additional questions please contact Data Protection Officer: [dap@orlenlietuva.lt](mailto:dap@orlenlietuva.lt)