**Form to be filled in by COVID POSITIVE CASE (18 years and over)**

**I, give consent to the Case Management Team (Infectious Disease Surveillance Unit) to process this personal**

**data according to Article 27 (a) (i) of the Public Health Act, the General Data Protection Regulation (EU) 2016/679**

**and the Data Protection Act 2018 to provide me with the quarantine letter**

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| Name and Surname: | Emma Spiteri |
| Maltese ID Card number or Passport No.: | 0262397M |
| Date of Birth: | 03/07/1997 |
| Nationality: | Maltese |
| Phone number: | 79415572 |
| Preferred email where to send Quarantine letter: | spiteriemma@gmail.com |
| Full address where you are currently staying: | 201 Flat 1, Triq is-Sorijiet Tarxien TXN 1047 |
| Name, Surname and identification of ALL persons staying with you, with ID card number or passport number to be included on quarantine letter: | Daniel Spiteri (397692M) |
| Date when you did swab test which resulted POSITIVE: | 19/12/2021 |
| What test did you do (PCR test or Rapid test): | PCR |
| Did you get vaccinated? | Yes |
| If yes which vaccine did you take and which country? | Pfizer - Malta |
| What is the date of the first and second dose? | 27/05/2021  17/06/2021 |
| If you took the booster, what is the date you took it? | N/A |
| Did you have contact with someone who tested positive? | No |
| If yes, what is their name? | N/A |
| Did you travel in the 14 days before turning positive? | No |
| If yes, where did you go, and what is the date when you returned to Malta? | N/A |
| Did you attend any events where there was a lot of people (eg. Paceville, weddings, beaches, parties, bars, discos, xmas events etc)? | Yes |
| If yes, where did you go and when? mention them | Possession x Glitch – Gianpula   12/12/2021 |
| Do you have symptoms? | Yes |
| If yes, when did they start? ( date) | 16/12/2021 |
| Which symptoms? Please list which you have  Fever  Cough  Sorethroat  Tiredness  Lack of smell  Lack of taste  Aches and pain  Headache  Vomiting  Diarrhoea  Shortness of breath  Rash  Other | Fever, Tiredness, Aches and pain, Headache, Diarrhoea, Shortness of breath, Cough |
| Do you have any medical problems? | No |
| What is your occupation/job? | N/A |
| When was the last day of your work? | N/A |
| Please provide the name and phone number of your manager or boss?    Name of company/work place | N/A |