



## COVID-19 QUESTIONNAIRE

**Keep the present form with you to show upon request.**

**Valid for the following competitions:**

- - 
  -
- 

### 1. PERSONAL DATA

FULL NAME:

GENDER: MALE  FEMALE

DATE OF BIRTH:

NATIONALITY:

FIE LICENCE NUMBER (FOR FENCERS):

PLACE OF RESIDENCE (HOTEL):

MOBILE PHONE NUMBER:

E-MAIL ADDRESS:

---

### 2. SANITARY, EPIDEMIOLOGICAL DATA

- Last day of temperature check:

- Last temperature recorded:

- Do you do your daily temperature check? Yes:  No:

- Have you recently had any of the following symptoms:

- Fever ( $\geq 37,8^{\circ}\text{C}$ )
- Sore throat
- Cough
- Breathing difficulty

- First signs of symptoms (day/month):

- Have you been tested for coronavirus? No  Yes

Please state place and date of the test \_\_\_\_\_

Result of the test: \_\_\_\_\_

### Risk assessment

- I have been in close contact (less than 2 meters during more than 15 minutes) with suspected or confirmed coronavirus infected persons in the last 14 days:

yes:  no:

- I live in the same household with a suspected or confirmed coronavirus infected person:

yes:  no:

- I took care of someone suspected or confirmed to be infected by coronavirus: yes:  no:

---

### 3. TRAVELLING INFORMATION

- Have you had any travel to or from Coronavirus affected countries within the last 14 days?

No:

Yes:  Where: .....

When (exact dates of arrival and departure):

From where to where (please precise in case of multi-city trips)

- First trip:  
Itinerary: from                                  to  
Date: from    to
  
- Second trip  
Itinerary: from                                  to  
Date: from    to
  
- Third trip  
Itinerary: from                                  to  
Date: from    to

Other:

---

Place and date:

Signature:

Comments: