

**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:

1. **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 (≥37,8°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: [ ]

1. **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: