

SARS-CoV-2 Health Monitoring Questionnaire

Event " _____ " "



Family Name	First Name
Date of Birth	Mobile Phone Number
Home Address	Email

	Yes	No
Have you had any cold symptoms in the past 14 days (cough, runny nose, sore throat, difficulty breathing, loss of taste or smell)?		
During the past 14 days, have you had any of the following symptoms? - fever - chest pain - headache - nausea / vomiting - diarrhoea		
Have you had contact with someone with SARS-CoV-2 virus in the last 14 days ?		
Have you had an official quarantine order in the last 14 days in relation to the SARS-CoV-2 coronavirus?		
During the past 14 days, have you been in a SAR-CoV-2 Coronavirus risk zone (RED COUNTRY) as declared by any European country.		
If you have been tested for the SARS-CoV-2 virus within the past 14 days, was the result positive ?		

If you have answered "yes" to any of the questions, you may only participate in the event if you have a negative COVID-19 PCR test that has been performed within the last 48 hours, otherwise participation is prohibited.

By signing this form, the participant confirms that they have familiarised themselves with the FISB hygiene concepts and agrees to abide by the FISB rules.

The participant is aware that there is always a risk of infection.

Participation in the event is at your own risk and there is no right of liability towards third parties (coaches, supervisors, organisers, the FISB Committee, etc.)

Your personal data will be deleted and this form securely destroyed as soon as the SARS-CoV-2 monitoring for the event no longer applies - this will be no longer than one month after the end of the event.

Date	Signature
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