



HEALTH QUESTIONNAIRE

PERSONAL DATA

Name			
Surname			
Date of birth	//		
Residence Adress			
Sex	□ Male □ Female	Phone number	
Nationality			

QUESTIONS

	YES	NO
Have you had any cold symptoms (cough, runny nose, sore throat, difficult breathing, loss of taste or smell) during the last 14 days?		
 Have you had any of the following symptoms during the last 14 days: Fever Chest pain Headache Nausea/vomiting Diarrhea 		
Have you been in contact with someone with a proven infection with Covid-19 during the last 14 days?		
Have you been in quarantine during the last 14 days?		
Have you tested positive to the PCR (Polymerase chain reaction) test during the last 14 days?		

Signature:

Date:_____

Parent or Legal Guardian's Signature if minor:

If you answered YES to any question in the questionnaire, you must present a negative Covid-19 PCR Test result carried out within the previous 72 hours (3 days) before arrival at the Event.

If there is evidence of an acute infection you will be provided with a mask, the medical personnel are equipped, and isolation will be required. The local public health authority will be notified, and their protocols will be followed. An accreditation will not be issued until you have been cleared by the local public health authority. Athletes and accredited persons should be reassured that declaring travel from high-risk area will not preclude

Athletes and accredited persons should be reassured that declaring travel from high-risk area will not preclude participation, but that they should expect to be more closely monitored.

The personal information provided is treated strictly confidentially by the Local Organising Committee and FIS. It will only be used for the purpose of assessing whether the applicant can be granted or maintain accreditation in view of the COVID-19 outbreak. Local and global public health requirements will determine the length of time the data is retained.