

All participants	surname	
	forename	
	Telephone number	
	Email address	
	The countries visited in the last 14 days	
	Nation	
	Team Manager's Name	
	Team Manager's Telephone number	
	Address of the accommodation	

During the last 14 days you will ...	
Have you had close contact with someone diagnosed with COVID-19?	<input type="radio"/> yes <input type="radio"/> no
Direct care of a COVID-19 patient?	<input type="radio"/> yes <input type="radio"/> no
Did you visit or stay with a COVID-19 patient in a closed environment?	<input type="radio"/> yes <input type="radio"/> no
Worked in close proximity with a COVID-19 sufferer?	<input type="radio"/> yes <input type="radio"/> no
Did a COVID-19 sufferer travel with a means of transport of any kind?	<input type="radio"/> yes <input type="radio"/> no
Did live in the same household as a COVID-19 patient? <input type="radio"/> yes <input type="radio"/> no Have you been in quarantine yourself?	<input type="radio"/> yes <input type="radio"/> no
Did a PCR test test positive for COVID 19?	<input type="radio"/> yes <input type="radio"/> no
Experienced now or up to 14 days before any of the following symptoms: fever, cough, fatigue, shortness of breath, myalgia, body aches, sore throat, chest pain, sinus pain, runny nose, headache, chills, nausea, vomiting, diarrhea, anosmia, dysgeusia, Chills (please specify)	<input type="radio"/> yes <input type="radio"/> no

- I confirm and agree to comply with the COVID-19 guidelines.
- I confirm that the regulations can only minimize the risk of infection and that the OK cannot be held liable for any infections.
- I agree that the OK according to the GDPR will keep the data provided.
- I confirm that I am responsible and liable for all costs that are responsible and liable in the course of a possible infection (e.B. test / hospitalization / hotel / hotel quarantine)

Date . . 2021

Signature

The form must be completed and signed by 4th August 2021 by 10:00 a.m. and sent to (office@rudern-ooe.at).