

## PRE EVENT QUESTIONNAIRE

<b>Name as shown in the passport or other ID</b>	
<b>Your permanent address (street/apartment/city/postal number/country)</b>	
<b>Your address during the event</b>	
<b>Your telephone number</b>	
<b>Your e-mail address</b>	
<b>Countries that you visited or stayed in last 14 days</b>	

<b>QUESTION - Within the past 14 days, have you...</b>	<b>YES</b>	<b>NO</b>
Had close contact with anyone diagnosed as having Coronavirus disease COVID-19?		
Provided direct care for COVID-19 patients?		
Visited or stayed in a closed environment with any patient having Coronavirus disease COVID-19?		
Worked together in close proximity, or sharing the same classroom environment with COVID-19 patient?		
Traveled together with COVID-19 patient in any kind of conveyance?		
Lived in the same household as a COVID-19 patient?		
Been in quarantine?		
Tested positive to the swap PCR test?		
Experienced any of the following symptoms now and in the previous 14 days:		
• Fever		
• Cough		
• Fatigue		
• Dyspnea		
• Myalgia		
• Sore Throat		
• Conjunctivitis		
• Chest Pain		
• Congestion/Coryza		
• Headache		
• Chills		
• Nausea/Vomiting		
• Diarrhea		
• Anosmia/Dysgeusia		
• Chilblains/Pernio		