

## Pre-Event Questionnaire

Name as shown in the passport	
Permanent Address	
Address during the event	
Phone number	
Countries that you visited or stayed in last 14 days	

The following questions must be answered truthfully in order to participate in the Challenge Kaiserwinkl-Walchsee:

QUESTIONS – Within the past 14 days, have you...	Yes	No
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		
Have you been vaccinated with a COVID-19 vaccine?		
If yes, please indicate the manufacture:		

With my signature I confirm the correctness and completeness of my information.

\_\_\_\_\_  
Date/Location

\_\_\_\_\_  
Signature or signature of the legal guardian