

# Pre-Event Questionnaire

Completed and signed in connection with:

## LABE DANCE OPEN 2021

Czech Republic, Ústí nad Labem, November 06-07, 2021

Name as shown in the passport or other ID:			
Your permanent address (street/ apartment/city/postal number/country):			
Your address during the event:			
Your telephone number:			
Your email address:			
Countries in which you stayed for at least 12 hours in the last 14 days:			
<b>YES/NO responses (circle):</b>			
Had close and unprotected contact with anyone diagnosed as having Coronavirus disease COVID-19?	YES / NO		
Provided direct care for COVID-19 patients without suitable protective equipment?	YES / NO		
Visited or stayed in a closed environment with any patient having Coronavirus disease COVID-19?	YES / NO		
Working together in close proximity, or sharing the same classroom environment with COVID-19 patient?	YES / NO		
Travelled with a COVID-19 patient in any kind of conveyance?	YES / NO		
Lived in the same household as a COVID-19 patient?	YES / NO		
Been in quarantine?	YES / NO		
Tested positive to the swap PCR test?	YES / NO		
<b>Experienced any of the following symptoms now and in the previous 14 days:</b>			
Fever	YES / NO	Congestion/Coryz	YES / NO
Cough	YES / NO	Headache	YES / NO
Fatigue	YES / NO	Chills	YES / NO
Dyspnea	YES / NO	Diarrhea	YES / NO
Sore Throat	YES / NO	Anosmia/Dysgeusia	YES / NO
Myalgia	YES / NO	Chilblains/Pernio	YES / NO
Chest Pain	YES / NO	Nausea/Vomiting	YES / NO

Date

Signature