

ANNEX 1

PERSONAL LOCATION FORM (FLP)

To be completed by all event participants.

Name and surname as it appears in the Passport or other Identity Document:

Address during the competition (street / apartment / city / postal number / country):

Phone number: _____ Email: _____

Cities (Country / s) that you visited or where you were in the last 14 days:

Nr.	Questions	YES	NOT
1	Did you have close contact with someone diagnosed with COVID-19?		
2	Did you provide direct care to COVID-19 patients?		
3	Did you visit or stay in a closed environment with a patient with COVID-19 disease?		
4	Did you work / study closely or sharing the same work or class environment with COVID-19 patients?		
5	Have you traveled with a COVID-19 patient by any means of transportation?		
6	Have you lived in the same house as a COVID-19 patient?		

In the case of answering "YES" to one or more questions, please provide details of the place and time of contact:

Nr	Place	Description

The person who signs the questionnaire gives his authorization to the organization to provide the information contained in it to the local Public Health authorities to allow a quick contact tracing if a participant in the event suffers from the COVID-19 disease or came in contact with a confirmed case.

Signed: The Athlete