

<b>Name and surname:</b> .....	yes	no
<b>Phone:</b> .....		
<b>Status: player, training team, medical team, club personnel (please underline where applicable)</b>		
Have you been in contact with an <b>ill</b> person, person on <b>quarantine</b> or a person confirmed as <b>coronavirus positive</b> within the last 14 days?		
Have you contacted people outside your closest relatives using the following; ( <b>public transport, medical facilities, service</b> providers, playgrounds, restaurants, other)?		
Do you regularly and continuously use preventive measures: <b>isolation, hand washing, wearing a mask</b> ?		
Have you noticed at home or at your closest relatives over the past 2 weeks:		
dry cough		
Fever > 38,0C		
shortness of breath		
sudden loss of smell and taste		
headache		
sore throat		
muscle pain		
feeling of general malaise, fatigue		
diarrhea		
skin lesions		
Were the above symptoms showed by household members, if so, which ones?		
Have you had tests for COVID -19 carried out during the last month? If yes, please specify the date Reason for the test: .....		
Date and signature .....		

Medical and epidemic survey for persons under „sport quarantine” in PLS.

Starting temperature: .....

Signature of person receiving the survey and taking the measurement:

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