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 St. Pölten:

QUESTION – 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