

**Sportkommission Inline Alpin und Downhill
Ressort: Sportbetrieb**

Stand 21.02.2021

Appendix 1 Symptom – Questionnaire - Certificate of Participants

This form must be completed without exception by all athletes, coaches and persons present. In the event of violation or untruthful entries, we reserve the right to disqualify the athlete or the entire team.

surname		
given name		
Home address		
Telephone (mobile) (incl. Name of legal guardian)		
email		
club		
Symptom evaluation	yes	no
fever		
General feeling of illness, headache and body aches		
cough		
Dyspnea (shortness of breath)		
Taste and / or olfactory disorders		
sore throat		
Rhinitis (runny nose)		
Diarrhea (diarrhea)		

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Contact Risk Evaluation	yes	no
Have you had contact with a confirmed SARS-CoV-2 case within the last 14 days?		
Have you been in a risk area defined by the (RKI) Robert Koch Institute within the last 14 days?		
In the past, was there an order for an official quarantine in connection with SARS-CoV-2 (by visiting a risk area or similar) If yes, please indicate the date of expiry of the order:		

Hygiene concept read (mandatory)

date

signature