Member Federation:

Name of the Team Leader:

Q1: Did any member of your team experienced:

* Fever/chills with a recorded temperature above 37,5°C
* Cough
* Muscle aches
* Sore throat
* Shortness of breath
* Fatigue
* Loss of taste or smell

within the last 24 hours? [ ]  yes [ ]  no

If your answer is **yes**, please specify the symptoms, time context, name and function of the team member:

Q2: Have any member of your team taken any medication for the purpose of reducing a fever within the past 24 hours? [ ]  yes [ ]  no

If your answer is **yes**, please specify the name and function of the team member:

Note: team members (and their close contacts) showing unclear or newly formed symptoms of a potential COVID-19 infection must immediately self isolate themselves as and notify the LOC Covid Manager!

Date:

signature

The filled in and duly signed form shall be delivered to the Technical Information Centre
(or electronically to tic@erwtchpodebrady.com) by 9:00 CET on each day of your stay in Poděbrady.