

## Coronavirus survey

<b>Personal data:</b>		
Surname:	Name:	
Telephon:		
The participant, to the best of his knowledge, answers the questions:		
Mark the correct answer with an „X”:	Yes	No
Are You?		
An infected person:	<input type="checkbox"/>	<input type="checkbox"/>
Is an quarantine	<input type="checkbox"/>	<input type="checkbox"/>
Is under epidemiological supervision	<input type="checkbox"/>	<input type="checkbox"/>
Other disturbing symptoms	what? ..... .....	

I also declare that if I have symptoms of the disease, I will not take part in the event and will inform the organizer about it.

If I feel bad during the event, I will inform the Staff about it.

.....

(Place, date)

.....

(Legible signature)