**Questionnaire SARS-CoV-2 Risk**

**Personal data and contact details**

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| --- |
| Surname: |
| First name: |
| Date of birth: |
| Home address: |
| Home country |
| Telephone number: |
| Email: |
| Team: |
| Function in team (athlete, coach, etc.): |
| Accomodation in Slovenia: |
| Arrival and departure date: |
| Type of transport (BUS, airplane, van etc.): |
| Airport name (if flying to Slovenia): |
| Travel information (please list all countries and airports you have traveled through): |
| I satisfy the following PCT condition\* (please circle the correct answer):Recovery Vaccinated Tested |

*\*PCT condition means that members must prove a certificate of recovery OR certificate of vaccination OR a negative PCR or rapid antigen test.*