

Pre-Event Questionnaire

Completed and signed in connection with:
2021 WDSF World Championship Standard
and **Brno Open Dance Festival 2021,**
Czech Republic, Brno, September 17th-19th 2021

Name as shown in the passport or other ID:	
Your permanent address (street/ apartment/city/postal number/country):	
Your address during the event:	
Your telephone number:	
Your email address:	
Countries in which you stayed for at least 12 hours in the last 14 days:	

YES/NO responses (circle):

Had close and unprotected contact with anyone diagnosed as having Coronavirus disease COVID-19?	YES / NO
Provided direct care for COVID-19 patients without suitable protective equipment?	YES / NO
Visited or stayed in a closed environment with any patient having Coronavirus disease COVID-19?	YES / NO
Working together in close proximity, or sharing the same classroom environment with COVID-19 patient?	YES / NO
Travelled with a COVID-19 patient in any kind of conveyance?	YES / NO
Lived in the same household as a COVID-19 patient?	YES / NO
Been in quarantine?	YES / NO
Tested positive to the swap PCR test?	YES / NO
Experienced any of the following symptoms now and in the previous 14 days:	
Fever	YES / NO
Cough	YES / NO
Fatigue	YES / NO
Dyspnea	YES / NO
Sore Throat	YES / NO
Myalgia	YES / NO
Chest Pain	YES / NO
Congestion/Coryz	YES / NO
Headache	YES / NO
Chills	YES / NO
Diarrhea	YES / NO
Anosmia/Dysgeusia	YES / NO
Chilblains/Pernio	YES / NO
Nausea/Vomiting	YES / NO

Date:

Signature: