

## Health Questionnaire Judoclub Leipzig e.V.

Name, first name:.....

Date \_\_\_\_\_ of \_\_\_\_\_ birth:

.....

Address:.....

Phone number:.....

Team:.....

**Herewith I confirm that the given information are true and correct. I am aware that incorrect information will have significant impact on the public health situation.**

Signature:.....

Date	I suffer from acute respiratory symptoms of any severeness or from unspecific general symptoms of an infection (fever, muscle aches, sore throat, headache, body aches, shortness of breath, sniff etc.)		Within the past 14 days I had close contact to a person that is proven to be tested positive on SarsCoV-2 (novel Corona-Virus). Close contact means less than 2 meters distance for over at least 15 minutes to the positive tested person.		Within the past 14 days I stayed in a risk area (please visit <a href="https://www.rki.de/covid-19-risikogebiete">https://www.rki.de/covid-19-risikogebiete</a> ).		Current body temperature in °C	Signature
	yes	no	yes	no	yes	no		

You can find the latest information on the website of the city of Leipzig or the website of the Robert-Koch-Institutes under the following link: [www.rki.de](http://www.rki.de).

**Privacy notice:** Your personal data will only be used as part of the legal regulations (IfSG).