

Kieler Woche 2020

Personal Information Form



To be completed by all participants of the event

Name as shown in the passport or other ID:

Sailing Class:

Sail Number:

Your permanent address (Street/Apartment/City/Postal Number/Country):

Your address during the event:

Your telephone number:

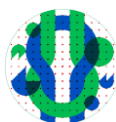
Countries that you visited or stayed in last 14 days:

Within the past 14 days, have you...

	YES	NO
had close contact with anyone diagnosed as having Coronavirus disease COVID-19?		
provided direct care for COVID-19 patients?		
visited or stayed in a closed environment with any patient having Coronavirus disease COVID-19?		
visited or stayed in a risk area for COVID-19 based on the German regulations?		
worked together in close proximity, or sharing the same classroom environment with COVID-19 Patient?		
traveled together with COVID-19 patient in any kind of conveyance?		
lived in the same household as a COVID-19 patient?		

**If you have answered one or more questions with YES,
please contact the organizer immediately!**

Date/Place



Signature