

# SARS-CoV-2 risk questionnaire

We are currently obliged to document contact details and times of stay of our visitors to enable the monitoring of the Corona pandemic.

Please enter your contact details in the following form. The data is used for traceability according to the current CoronaSchVo, in order to be able to name all persons to the health authority in case of an infection with the coronavirus SARS-CoV-2.

If you do not agree with the collection of this data, you are unfortunately not allowed to enter the swimming and diving hall at the Europa Sportpark, Berlin for this event. The undersigned assures with his\*her signature that the data has been entered correctly. Subsequent costs resulting from incorrect data will be charged to the signatory.

## Purpose of the legal basis of the processing

Data collection is carried out for the purpose of traceability of infectious diseases related to the coronavirus SARS-CoV-2.

## Transmission of data to third parties

The above-mentioned data will only be transmitted to the competent health authority for the above-mentioned purposes. Your data will only be passed on to third parties on the basis of the above-mentioned legal basis. They are expressly not used for advertising purposes.

## Duration of storage

The data is stored for 4 weeks from the time of your visit to our website. Afterwards they will be properly destroyed.

**I have noted and accepted the hygiene concept for IDM Para Swimming.**

## 1. Personal data

Name:		Given Name:	
Date of birth:		Function:	
Team:			
Address:		Phone (mobile):	
E-Mail:		Country:	

With my signature I confirm that the information I have given is correct and that participation in the event is voluntary. I agree to comply with and ensure compliance with the existing regulations and procedures regarding hygiene measures in connection with IDM Para Swimming. In case of infection or suspicion of COVID-19 infection, the DBS will not cover any direct or indirect consequential or additional costs resulting from participation.

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Date, Signature (signature of the legal representative for minors)

## 2. Evaluation of contact risks

Please answer the questions to evaluate the contact risks for SARS- CoV-2	Yes	No
Did you have contact to a confirmed SARS-CoV-2 case within the last 14 days?		
Did you have to undergo a quarantine by regulatory action in the context of SARS-CoV-2?  If so, please indicate the date of the end of the quarantine:  _____		
Did you spent any time outside of your home town in the past 14 days?  If so, please indicate where and when:  _____		

## 3. Evaluation of symptoms

Please answer the questions about your current clinical symptoms! (Please consider the period of the last 14 days)	Yes	No
Fever		
General feeling of illness, head ache and body aches		
Cough		
Dyspnoea		
Disorder of taste and/or smell		
Sore throat		
Rhinitis		
Diarrhea		

**If one of the questions is answered in the affirmative, you will need to provide a medical certificate of good health.**